PLEASE WRITE PLAINLY, I is especially

A15

The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

	1	1	4	5	7	
Reg,	Dis	t.	No.		2	43

Control   Prince Georges   Colored	1. PLACE OF DEATH:			2 HIGHAL DECIDENCE (LICRATE) OF DECIDENCE	
City or term.  City counted city or comminate, write willoufs and error town)  Row long in above piece of dealth? I MONTH, 26 days  Clenn Dale Sanatonium  Row long in bouspiled or institution? I MONTH, 26 days  Clenn Dale Sanatonium  Row long in bouspiled or institution? I MONTH, 26 days  Clent Dale Sanatonium  MARCARET C. Alu SEN  Street Ro. 322 E. St. S. We  City or town.  City or town.  City city discrete for the wild in institution? I MONTH, 26 days  Colored Widowed  Edward Allen  E(b) Name of hurband or wife.  E(c) Haller, give age.  Street Ro. 22 I M I St. Colored Widowed  E(c) Name of hurband or wife.  E(c) Haller, give age.  Street Ro. 22 I M I St. Colored Widowed  E(c) Name of hurband or wife.  E(c) Haller, give age.  Street Ro. 22 I M I St. Colored Widowed  E(c) Name of hurband or wife.  E(c) Haller, give age.  Street Ro. 22 I M I St. Colored Widowed  E(c) Name of hurband or wife.  E(c) Haller, give age.  Street Ro. 22 I M I St. Colored Widowed  E(c) Name of hurband or wife.  E(c) Haller, give age.  Street Ro. 322 E. St. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. S. S. We  (If cuttode city or town limits, write RURAL and give nearest town)  Street Ro. 322 E. St. S. S. St. S. St. S. St. S. St. S. St. S. St. St				(For newborn Infants give residence of mother)	
Bow been place of seath? I months, 26 days  Glenn Dale, Sanatorium  Bow long in bospital or institution? I months, 26. days  MARCARET C. Ab SEV  3. (a) FULL NAME  MARCARET C. Ab SEV  3. (b) Social Security Number  Street Ro. 22 E. Str., 3 % %  3. (c) FULL NAME  MARCARET C. Ab SEV  3. (c) FULL NAME  MARCARET C. Ab SEV  3. (b) Social Security Number  3. (c) FULL NAME  MARCARET C. Ab SEV  3. (c) FULL NAME  MARCARET C. Ab SEV  3. (b) Social Security Number  20. Ball of Dealth Security Number  21. DERIVY that death security on the dole above statist; that fortineded secance from the dole above statist; that forti	City or town	Glenn D	ale, Maryland	State D. C. County	
Rew long in heapstal or institution?   Month, 26 days   2.(a) it reteran, name way.	How long in characters at day	month.	e RURAL and give nearest town)	City or town Washington	
Rew long in heapstal or institution?   MONTH, 26 days   2.(a) it veteran, name way.   3. (b) Social Security Number	Hospital, institution, or street	address where death occu	rred:	(If outside city or town limits, write RURAL and give ne	arest town)
Rew long in heapstal or institutions   Marcare   Marca	Glenn	Dale Sanato	rium	Street No. 322 E. Du., D. W.	333344444444444444444444444444444444444
3. (a) FULL NAME  MARGARF C. A La SE (A) Social Security Number  3. (b) Social Security Number  3. (c) Social Security Number  3. (d) Social Security Number  3. (e) Social Security Number  3. (b) Social Security Number  3. (c) Social Security Number  3. (d) Social Security Number  3. (e) Social Security Number  3. (e) Final Security Number  20. BATE OF DEATH.  21. SETTIFY that death accourse on the date above states: that of stated deaded security for the death occurred on the date above states: that of stated deaded security for states and that I last saw h. L. alive on the security of the death occurred on the date above states: that of stated deaded security for states and that I last saw h. L. alive on the security of death of occurred death of death occurred death occurred of death of death occurred death occurred death occurred death occurred on the death	How long in hospital or institu	llon? I month	26 days	11	
A. Set S. Color or race S. (a) Single, married, vidowed or diversed Widowed  Female Colored Widowed  8. (b) Name of husband or wife Edward Allen  20. BATE OF BEATH Sec. 21 M 19. 47, 31. 02. 18. 47, 19. 47, 19. 47, 19. 48, 18. 79  8. AGE: Tears Menths Days It less than one day S. Birthplace Washington, Dr. C. 19. 19. 47, 19. 48, 18. 48, 18.				Z.(d) It veteran, name war	V
Female Colored Widowed  Female Colored Widowed  S.(c) Name of husband or wife Edward Allen  S.(c) Hallier, give age years deceased (mo, day, rr.)  S. Birth date of deceased (mo, day, rr.)  S. Birth place Washington, D. G. A. (Town, country, and state)  D. Usual occupation.  Housewife  10. Usual occupation.  Martha Holton  Martha Holton  Martha Holton  Martha Holton  Detailed (moluse pregnancy within 3 months of death)  Mayor findings of operations.  Martha Holton  Martha Holton  Detailed (moluse pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  Material Remarks (molus)  Detailed (moluse pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  Material Remarks (molus)  Detailed (moluse pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  Major findings of operations.  Major findings of operations.  Date of country (Country) (State)  Received (month) (Country) (State)  Location To Washington, or removal Which!)  Date thereof. Date 22 99 97  Location To Washington, or removal Which!)  Date thereof. Date 22 99 97  Location To Washington, or removal Which!)  Date thereof. Date (month) (Country) (State)  Indirector. Date of the washington, or removal Which!)  Date thereof. Date of the call was deed to external causes, fill in the following:  Actions, suckide, or homicide. Date of which death should be charged statistically.  22. VIOLENCE: Header was deed to external causes, fill in the following:  Accident, suckide, or homicide. Date of which death should be charged statistically.  Meens of injury leptic place (where?)  Meens of injury leptic place (where?)	1	100000	C 11	3. (b) Social Security	Number
Female Colored Widowed  8. (a) Name of husband or wife Edward Allen  8. (a) Halve, give age years deceased (mo., day, rr.)  9. Birthplace Washington, Dr. C. (Town, county, and state)  10. Usual occupation. Housewife  11. Industry or business  12. Name. Daniel Harris  13. Birthplace Oxen Hill, Maryland  14. Maiden name Martha Holton  15. Birthplace Oxen Hill, Maryland  16. Informant Deceased  Address  17. Control of BARN. (Maryland)  18. Funeral director Premation, or removal, Whichi)  19. MEDICAL CERTIFICATION  19. Medical Account of the date above stated, which decease stated,	4. Sex   5 Col	MAGAR	ET C. Ah.	MEN	
## Colored Widowed  6.(b) Name of husband or wife Edward Allen  7. Birth date of deceased (me, day, yr.)  8. AGE: Years Months Days It less than one day 68 68 11 3 hrs.  9. Birthplace Washington, D. C. (Crown, county, and state)  10. Usual occupation.  11. Maryland  12. Name Daniel Harris.  13. Birthplace Oxen Hill, Maryland  14. Maiden name. Martha Holton  15. Birthplace Oxen Hill, Maryland  16. Informant. Deceased  Address  17. Removed (month) (day) (year)  18. Funeral director Analysis of Lagrange (month) (day) (year)  19. Location to Washington, D. C. (City or town) (County) (State)  19. Location to Washington, D. C. (City or town) (County) (State)  19. Location to Washington, D. C. (Location) (Location) (County) (State)  19. Location to Washington, D. C. (Location) (County) (State)  19. Location to Washington, D. C. (Location) (County) (State)  19. Location to Washington, D. C. (Location) (Location) (County) (Injured at home, tarm, Industry, public place (where?)	0.00		igle, married, widowed, or divorced	CMEDICAL CERTIFICATION	
5.(c) Name of husband or wife  5.(c) It allive, give age.  5.(c) It allive allive and that it lost saw hold.  6. It allive an hold.  6. It allive an hold.  6. It allive an hold.  6. It allive allive an hold.  6. It allive an hold.  6. It allive allive an hold.  6. It allive allive an hold.  6. It allive allive an hold.  6. It all set saw hold.  6. It all set saw hold.  6. It allive allive an hold.  7. It all set saw hold.  8. AGE:  9. AGE  9. And that I lost saw hold.  9. All lost saw hold.  9. But lost saw hold.  9.	Female C			Nino aux	
T. Birth date et deceased (mo., day, yr.)  S. AGE: Years Months Days It less than one day S. Birthplace. Washington, D. C. Crown, county, and state)  10. Usual occupation. Housewife  11. Industry or business  12. Name Daniel Harris. 13. Birthplace Oxen Hill, Maryland  14. Maiden name Martha Holton  15. Birthplace Oxen Hill, Maryland  16. Informant Deceased Address  17. (Burial Gremation, or removal, Which)  18. Funeral director Programmy Which)  19. Date thereof Date 2 2 9 7 7 (City or town)  10. Usual date of death County, and state)  19. J. A. AGE: Years Months Days It less than one day S. Industry or business  19. Localion to Washington, D. C. (City or town) (County) (State)  19. J. Age of death County State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)  19. J. Age of death County State on Due 2 2 19 7 7 (City or town) (County) (State)	6.(b) Name of husband or wife.	Edward A	llen	21. I CERTIFY that death occurred on the date above stated: that Cattended date	and Jenny
deceased (me, day, yr.)  S. AGE: Vears Months Days It less than one day 68 68 11 3 hrs. min.  9. Birthplace Washington, D.a. C. Town, county, and state)  10. Usual occupation. Housewiff e  11. Industry or business  12. Name. Daniel Harris  13. Birthplace Oxen Hill, Maryland  14. Maiden name. Martha Holton  15. Birthplace Oxen Hill, Maryland  16. informant Deceased  Address  17. Characteristic County of County (month) (day) (year)  18. Funeral director Accounty of County)  18. Funeral director Accounty (County)  18. Funeral director Accounty (ments) (State)  18. Funeral director Accounty (County)  18. Funeral director Accounty (ments) (State)  18. Funeral director Accounty (County)  18. Funeral director (City or town)  19. Funeral director (City or tow	***************************************		i.(c) It alive, give age	Uel 24 10 19 47 10 Dec 2	( DE 1947
8. AGE: Years Months Days It less than one day 68 68 11 3		January 18	1879	and that I last saw h. C. alive on Dec 21 ot	19 14-7
S. Birthplace. Washington, D. C. (Town. county, and state)  Housewife  10. Usual occupation. Housewife  11. Industry or business  12. Name. Daniel Harris  13. Birthplace Oxen Hill, Maryland  14. Maiden name. Martha Holton  (Include pregnancy within 3 months of death)  Major findings of operations.  Address  16. Informant. Deceased  Address  17. Cemelery or crematory, or removal. Which?)  Date thereof. Date 22 / 9 47  (Burial, cremator, or removal. Which?)  Date thereof. Date of county (year)  Companies of operations which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide. Date of county (County)  Where did injury occur? (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Meens of Injury injured at work?					-
S. Birthplace					
Due to			1	Vellmonary Velleycelors	
10. Usual occupation. Housewife  11. Industry or business  12. Name. Daniel Harris. 13. Birthplace Oxen Hill, Maryland  14. Maiden name. Martha Holton  (Include pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  (City or town)	9. Birthplace Wash:	ington, D. C		Due to.	
Due to		Housewife	state)		•••••••••••••••••••••••
12. Name	in. osual occupation		***************************************	Due to	
14. Maiden name Martha Holton  15. Birthplace Oxen Hill, Maryland  16. Informant Deceased  Address  17. Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location to Washington, D.C.  B. Funerai director Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  (City or town) (County) (State)  injured at home, tarm, industry, public place (where?)  Meens of Injury injured at work?					***************************************
14. Maiden name Martha Holton  15. Birthplace Oxen Hill, Maryland  16. Informant Deceased  Address  17. Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location to Washington, D.C.  B. Funerai director Maior Martha Holton  (Include pregnancy within 3 months of death)  Major findings of operations.  Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Where did injury occur?  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Meens of Injury Injured at work?	E 12. Name			Other conditions	***************************************
Address  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing: (Burial, cremation, or removal. Which?)  Cemelery or crematory.  Location to Washington, D.C.  IB. Funeral director.  Address  Address  Address  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Where did injury occur?  (City or town) (County) (State)  injured at home, tarm, industry, public place (where?)  Meens of Injury injured at work?	13. Birthplace Oxen				***************************************
Address  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing: (Burial, cremation, or removal. Which?)  Cemelery or crematory.  Location to Washington, D.C.  IB. Funeral director.  Address  Address  Address  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Where did injury occur?  (City or town) (County) (State)  injured at home, tarm, industry, public place (where?)  Meens of Injury injured at work?	14. Maiden name	artha Holton		(Include pregnancy within 3 months of death)	
Address  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing: (Burial, cremation, or removal. Which?)  Cemelery or crematory.  Location to Washington, D.C.  IB. Funeral director.  Address  Address  Address  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Where did injury occur?  (City or town) (County) (State)  injured at home, tarm, industry, public place (where?)  Meens of Injury injured at work?	S 15. Birtholace Oxe	en Hill, Mar	yland	Major findings of operations.	8
Address  Address  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the toliowing:  Accident, suicide, or homicide		bossoso		Date of op	
17. Remainder the second of th	16. informant	sceaseu		Autopsy results.	*************************
(Burial, cremation, or removal, Which?)  Cemelery or crematory  Location	Address				tatistically.
Cemetery or crematory.  Location to Washington, D.C.  IB. Funeral director.  Address Gas - 27 Say Say Say.	17 Remova	L Date the	rent Dec 22,1947		
Location 16 Watting 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Burial, cremation, or remo	oval, Which?)	(month) (day) (year)		
Location 16 Watting 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4			Where did injury occur?	4C4-4-)
18. Funeral director. Address Gas - 2.7 Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.	Location to W	askingt	on, L.C.		
Address 600 - 22 Sp. / Sur,	1R Funeral director 3	main	2		
		390	Costa	injured at work?	
	Address 640	A	sur	the internal for	2010
19. Dec, 22, 47 Yourland & Philips 23. SIGNATURE. July 19. Or other	19 7 Dec. 2	2.47 / You	land of Philips		other
(Date Fee'd by registrar) Registrar Address X9 lenn Klab Md. Date signed 12/21/47	(Date Tec'd by registrar)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registrar	Mark that	/ 4



A15 SA

(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11458

Date sign 12-6-47

CERTIFICA	ATE OF DEATH Reg. Dist. No. 275
1. PLACE OF DEATH:  County  City or town  (ipoutside city or town lightits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where feath occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewbory infants give residence of mother)  State  City or town.  (If outside city or town imits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Slora Rita ander	3 (b) Social Security Number
6.(d) Name of husband or wife  6.(a) Single, married, widowed, or divorced  6.(b) Name of husband or wife  6.(c) If alive, give age 3.4  7. Birth date of	MEDICAL CERTIFICATION  20, DATE DF OEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.42 to 10.45 for 19.47  and that I last saw h. S. alive on 12-6-67 19.47
8. AGE: Years Months Days If less than one day  3. Birthplace (Town founty, and state)  10. Usual occupation.	Immediate cause of death DURATION 3 F 4
11. Industry or business  12. Name Princert Marcellino  13. Birthplace Scaletta  14. Maiden name Salvatrice Scaletta  15. Birthplace Staly  16. Birthplace Staly  17. Birthplace Staly  18. Birthplace Staly  19. Birthplace Staly  19. Birthplace Staly	Unclude pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address Ayallaville 2nd,  17. Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location Vision of Company	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
Address Styattsville Md.	23. SIGNATURE PAR P. Clean M. D. or other

Registrar Address



1. PLACE OF DEATH:

How long in hospital or institution? 3. (a) FULL NAME

How long in above place of death? 2.1. Hospital, Institution, or steept address where death occurred:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Injured af work?

### CERTIFICATE OF DEATH

E OF DEATH	Reg. Diat. No.	12
Street No. 6723 Page	County County Grant RURAL and give near	reat town)
stine	3. (b) Social Security	Number
MEDICAL	CERTIFICATION	
20. DATE OF DEATH. Aleces	when 7 1947	2 5/4
2f. I CERTIFY that doath occurred on the da	te above stated; that I affended decea	
and that I last saw halive on	- M	
Duo 10. Cardina	echerine elie) renel	DURATION
Duo fo		
(Include pregnancy with		
Aulopsy results		
22. VIOLENCE: If death was due to exiorn		
Where did injury occur?(City or to		(State)

injured af home, farm, industry, public place (where?) .....

Means of injury

	Sec.	
	-	ರ
п	-	H
	3	-
	emile 1	a
	(f)	
8	2	has
•	and .	=
	60	=
	0	60
		d)
	-	-
	0	0
	-1.3	_
	-	<u> </u>
	60	-
	$\Xi$	4
	Prof	Ψ
	-	ਰ
	0	
	4	4
	E	0
	•—	
	P	6/0
		0)
	0	CD
	-	prof
	2	=
	63	60
	4	0
	==	
		9
	2	C
	54	4
	0	-
	~	61
	-	ŭ
	Ψ	-
		See
	33	3
	=	-
	12	
	Q	, w
k.	and.	W
Į.		cs
	$\sigma_{\lambda}$	(1)
٠.		-
		0
	1.4	
	1	
	1	2.00
	fine.	02
	I	
		ಡ
	77	
	$\sim$	0
	7	
		64
	$\equiv$	200
		2
	-	0.
	d	$\overline{}$
	Ex.	
	_	
	7.	42
	hand	=
		S
		4
	-	-
	$\vdash$	0
	-	0
	-	-
		7
	Har	
	Parent.	
	-	>
	L.	
	pm	
	. 7	4
		* 1000
•	7	0
,		a
		0
-	V	U
Ď	7	01
	H	-
	0.	10
	-	. 07
	I	
	-	
	X	
	-	
	H	
	Person.	
	E WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully	
	E	

MARGIN RESERVED FOR BINDING

7. Birth date o deceased (n		neich	27, 18	(c) If alive, give age
8. AGE:	Years 7/	Months	Days	if less than one day
9. Birthplace	ger	(Tow	n, Junty, and	atate)
fO. Usual occ		tous	elife	
1f. Industry o	business	Jun	1.10	TAI
12. Name	_par	me U	ullu	ans Ja Joh
	lace	Jen	- Comment	0.0
当 f4. Maide	n name	Com	يل ع	hlman
14. Maide	laco (	20000		
	1	T.	Part	)
f6, Informant		ine		5 -00
Addross	67V3	3-150		I are Seat Ble
17 13	unia	1	Date fho	1901 Dec 9 191
(Burial, er	emation, or	removal, Whic	1	(month) (day) (year)
Cemetery or	cromafory		arda	a Ttilly lose
Location	Par	nce.	Men	ges 60
f8. Funeral d	6	. 201	m &	ODS Some

PLEAS



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-

MA CIO

11460

### CERTIFICATE OF DEATH

239 Reg. Dist. No.

1. PLACE OF DEATH:  County Line Grange	2. USUAL RESIDENCE (HOME) OF DECEASED: (Forgrewborn infants give residence of mother)
" Nahadit 1	State Programa County Herdinan
(If outside city or town limits, write RURAL and give nearest town)	Built
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Martha Luvenia Banks	
4. Sex 5. Color oxsace 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
J. W Wedames	20. BATE OF DEATH Alcember 26 19 47 21 17 P.
6.(b) Name of husband or wife Jacker Willeam Banks	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	pars 1947, 10 DEC, 26 1947
deceased (mo., day, yr.)	and that I jast saw h
8. AGE: Years Mooths Gays If less than one day	Immediate cause of fleath DURATION DURATION
80 11hrsm	in. Vashilar Diserce 14.
9. Birthplace (Town, county, and space)	Due to
10. Usual occupation.	arteris-sclerosis 5 yus.
11. Industry or business / Lame	Oue to
12. Name W Marin Clare  13. Birtholace Marin Arman	Other conditions
t4. Malden name Jane Burke	(Include pregnancy within 3 months of death)
t4. Malden name Jane Burke 15. Birthplace Hadian Friguria	Major findings of operations.
18 toformant Alolares Fuched	Antonix results.
Address 1763 Q St N.W. Washington D.C	Autopsy results
B. 1. 100. 29 191	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Buffel Church Cem.	Where did injury occur?
Location Hadwan Tuguna	Injured at home, farm, lodustry, public place (where?)
18. Funeral director De Witt Donalless	Means of Injury Injured at work?
Address Laurel Maneland.	2144. 2001. 100
(1) (2) (1) (1)	23. SIONATURE D. or other
(Date rec'd by registrar)	rar Address Savage, Mil. Date signed 12/28/4

DEC 30 1941 FOR BINDING

MARGIN RESERVED

PLEASE WRITE PLAINL

NS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1600

11461

### CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Manland County Prices Glance
(If futside city of fown limits, write dURAL and give nearest town)	City or town Capital Keeslel
How long in above place of death?	(If Jutside city or town limits, write RURAL, and give nearest town)
6218 Rugston are	Street No. 6 2 1 8 - (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Baly Barafoot	3. (b) Social Security Number
4. Sex 5. Color or race S.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
male white Sugar	20. DATE DE DEATH December 9 1947 21 1000 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
7. Birth date of	19. to 19. and that I tast saw h 21/19 on 19.
deceased (mo., day, yr.) / Leo. 19 47.	Immediate cause of death
8. AGE: Years Months Days If less than one day	asphysia
a 'the New Att	
9. Birthplace(Town, county, and atate)	Due to
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Carl Alexand	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Helen (Jarefoot	Major findings of operations
15. Birthplace blelaware	Date of op.
16. Informant Josefort	Autopsy results  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Capital Newslitz had	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial eremation or removal, Which?	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  Cemetery or crematory. The complete Cemetery	Where did injury occur? (City or town) (County) (State)
Blidenshura mil	(City or town) (County) (State)
Location Location Location	Means of Injury tnjured abwork?
18. Funeral director	Detretis mederal Examener
Address Hydlistille Mai	23. SIGNATURE
19 Wed 13 1947 Genanda 1 5000	M. D. or other
(Date rec'd by registrar)	Address Date signed 2 - 1 - 4



	2. USUAL RESIDENCE (HOME) OF DECEA	)
	state Mary Land County 1	rine e George
1	(If outside city or town limits, write R	URAL and give nearest town)
	Street No. 3.111 Up shun 5+.	MO(N)
	2.(a) If veteran, name war. W. W. J.	***************************************
	3. (b)	Social Security Number
1		
	MEDICAL CERTIF	35
-	20. DATE OF DEATH Deember 11-	19 47 at 5 A
	21. I CERTIFY that death occurred on the date above stated;	1.4
	19.4.71	19.4.7.
	and that I last saw h. Ann. alive on	12-11-8 1947
	Immediate caose of death	DURATION
	Ground Ordina	10 des
	Due to astonorelation !	fent
	Piere	2412
	Due to	***************************************
1	Dther conditions! Principle Conditions	solon 10 yrs
-	(Include pregnoncy within 8 months of	Prenumal 24 lies
	Major fiedings of operations	***************************************
-		Date of op
	Aotopsy results	should be charged statistically.
-	22. VIOLENCE: if death was due to external causes, fill in	the following:
	Accident, suicide, or homicide	Date of
	Where did injury occur?(City or town)	(County) (State)
	injured at home, farm, industry, public place (where?)	
	Means of injury	njured at work?

S

(Date rec'd by registrar)



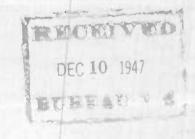
**VS A15** 

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11463 3 2

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Russell John B	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  1847, at 3 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above staled; that I allended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days It less than one day	Due to.
10. Usual occupation 11. industry or business 12. Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Other conditions
14. Maiden name Flahouse & Parker	(Include pregnancy within 3 months of death)  Major fiadings of operations.
16. Informant William Robert	Autopsy results
Address  17. Burial, cremation, or removed Which?)  Cemetery or crematory  Date thereof (day) (yyar)  Complete or crematory  Date thereof (day) (yyar)	22. VIOLENCE: If dealh was due to external causes, fill in the following;  Accident, suicide, or homicial Dale of The Country (City) or town)  (City) or town)  (State)
18. Funeral director The Management of the Address of the Management of the Address of the Addre	Injured at home, farm, Industry, public place (where?)
19. Obet of 19.47 Registrar Registrar	23. SIGNATURE M. D. or other  Address Pall Mais signed 2 - 8 4



2411 N. Charles St., Baltimore

11464

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Rog. Diat. No. 445

1. PLACE OF DEATH:	2 UCHAL PECIDENCE (LICARIE) OF DECEMEN
di an Maarial!	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Track	State Mary land country Aring verye.
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County of County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	was to and the
	Street No. 4 (If rural, give LOCATION)
D. J. a. J. Constant of the Property of the Constant of the Co	
How long In hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
anne Blair	
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
E W. Widamed.	20. DATE OF DEATH 12 - P 19 47 31 9: 4 AM
1 . 0 . 0 .	
8, (b) Name of husband or wife James Co. Kilair	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Occeasided . 6.(c) tt alive, give age	5.24 1946, 10 /2-6 1947
7. Birth date of	and that I last saw h 12 alive on 12 - P 19 47
deceased (mo., day, yr.)	Immediair cause of death DURATION
8. AGE: Years Months Days It less than one day	Samulity 2 yest
\$1 11 7hrsmin.	
1:01:00	
9. Birthplace (Town, eounty, and state)	Due to.
1/ 10 16	
1D. Usual occupation	Due to
11. Industry or business	
= 12. Name Alchard duke	Other conditions.
12. Name 12.	
× Northprace	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations
15. Birthplace Var	
Alientatta Black Face off.	
18. Informant	Autopsy results
Address 4205 30th St 111 James	WHISICIAN: Flease undering the cause to which death should be charged statistically.
1000 0 19114	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, eremation, or removal, Which?)  Oate thereot (month) (day) (year)	Accident, suicide, or homicide
(0 - 0)	Where did injury occur?
Cemetery or crematory	
Location Kiehmand, Da.	Injured at home, tarm, Industry, public place (where?)
the things Ca.	Means of Injury Injured at work?
18. Funeral director.	
Address 7901 1481, N. W. Wash DI	1 / MBrunne un
100 8" in man 0 . de	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address My Raining my of Date signed 12-8-47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

.5 9-45-15M

PLEASE WRITE

'S A15



PLEASE WRITE

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11465

1310

## CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or townConcelled Thele	State Maryland County James George
(If outside city of town limits, write RURAL and give nearest town)	City or town Comal Hele
tow long in above place of death?	(if outside city or town limits, write RUFAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 517-72 nd street
517. 72mg Street	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	
amos Jonaws	3. (b) Social Security Number
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mall white W. D. in	
a a carried	20. DATE OF DEATH. 100 19 1947 21 5/
(b) Name of husband or wife Calalaco & Conquile	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
. Birth date of	ears 19
deceased (mo., day, yr.) John 9 / 86/	and that I last saw halive on
. AGE: Years Months Days If less than one day	Immediate cause of death
86 hrs	your cales real
200	- Jackson -
(Town, county, and atate)	Due to/ Can de marie la
1) +	Roul desta
D. Usual occupation.	Que to
1. industry or business Tarmer	
12. Name	
13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	140
15. Birthplace Column	Major findings of operations
Informant Chare Howh O	Bate of op.
Informant	Antopsy results
Address 3/1-72 nd of Concord boll, ke	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Pate thomas Dec. 21, 164	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Tarrency, Nebraska	Where did latery occur?
	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
Funeral director W. W. Chambers Co.	Means of Injury Injured abwork?
	blooped negderalls and
Address 17-11-56, 11ash., 50	- X
No. 11 27 C . YC . DAA	23. SIGNATURE.
arrist amblell	Marie



WRITE

PLEASE

VS A15

ne Frrect age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			2	3	9
Reg.	Diat.	No.		$\sim$	

11466

CERTIFICAT	E OF DEATH Reg. Dist. No. 239
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME William Katherina Bayle	3. (b) Social Security Number
4. Sex 5. Color or race to 6.(a) Single, married, widowed, of divorced  F. White	MEDICAL CERTIFICATION  20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
11. Industry or business    12. Hame	(Include pregnancy within 3 months of death)  Major findings of operations
Address Edgewall Date thereof Diagnostic (month) (day) (year)  Cemetery or crematory And The Company of the Com	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Taurel Mol	tnjured at home, farm, Industry, public place (where?)  Means of injury  injured at work?
Address 401 Wash one Laurel mel.  19/2-27 19 47 Cra 6 Wallter (Date ree'd by registrar)	23. SIGNATURE 778 Constitution of Address Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

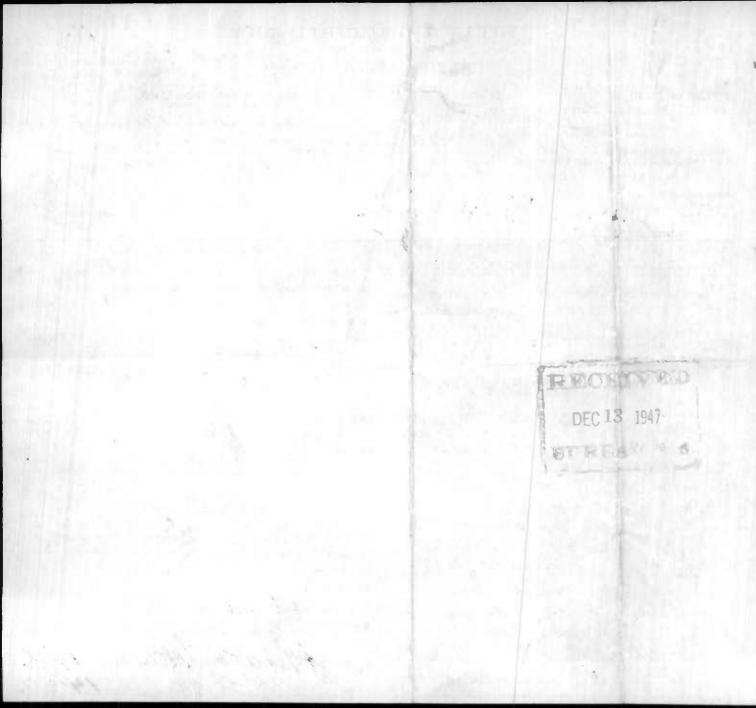
131

CERTIFICAT	Reg. Dist. No. Ox
1. PLACE OF DEATH: Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(if outside city of town limits, write RURAL and give nearest town)  How long in above place of death?	State Mary land County Lines Gronge City or town Green belt It outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  PRINCE George Hosp. Lol	Streel No. 10 M Laurel H. II Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME State Brown	3. (b) Social Security Number
4. Sex 5/Color or race 6(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female w single	20. DATE DE DEATH 12 - 9 19. # 7 at 21 MM
VB.(b) Name of husband or wife 13 name, This Many	21. J CERTIFY that death occurred on the date above slated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) December 9, 1947	Immediate cause of death
8. AGE: Years Months Days If less than one day	aleton
9. Birthplace Pince George's Hosp., Chevery, Mo	Due to Prematurity
10. Usual occupation	Due to
11. Industry or business	Dither conditions
12 Name Austin 5 Brown.  13. Birthplace Washington D.C.	
14. Malden nameMary Fletcher  15. Birthplace	(Include pregnancy within 3 months of death)
15. Birtholace D.C.	Major fiodiogs of operations
16. Interment Mas Many Brawn	Autopsy results
Address 10 m Laurel Hell Rd. Greenbest	PHYSICIAN: Please undertage the cause to which death should be charged statistically.
17. Burial Date Ihereof 12 Mydy (mogh) (dgy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory wergeren Camelers	Where did Injury occur?
Blade Mana mad. 8	Injured at home, farm, Industry, public place (where?)
Location Stadensgrung	Means of Injury Injured at work?
Address Ayattaville, Ind.	14 - Page 200
112/1 112 1/	23. SIGNATURE Francis Value M.D. or other
19. (Date rec'd by registrar) Registrar	Address 1744 - K of Ma Date signed 2/10/77.

WRITE

PLEASE

SN



ING INK. Supply every item of information carefully sicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY,

SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11468

### CERTIFICATE OF DEATH

170c

	The second secon
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Typice Georges	State Listrick 1 Colosoulia
(If outside city of town limits, write RURAL and give nearest town)	000
How long in above place of death? Wead on arrival	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 226 - I Street All
Prince Georges General Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME margaret Buchans	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female Caloned Surfe	20 DATE OF DEATH Alexander 21 1947 21313 A
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
2.5 min.	Hemortage and shock
9. Birthplace. (Town, county, and state)	Due to Crushed skull
1D. Usual occupation	Due to
11. Industry or business	
12. Name	Dther conditions
80.	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
\$ 15. Birthplace Hartford, Conn.	Date of op.
16. Informant alkert Buchavery	Autopsy results
Address 318-m st Alo, brashmitan P	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Manustal Bate thereof Day 7/1947	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Martin, cremoval, Which?)  Bate thereof. (month) (day) (year)	Accident, suicide, or homisidelle and least bate of 12-21-47.  Where did Injury occur? Season Kesellt P.S. mal
Cemetery or crematory	(City or town) (County) (State)
Location Of Ashrayou De	Injured at home, farm, Industry, public place (where delease the final whose
18. Funeral director Barry & Mallhay Tyl	Means of hydrenenger. Contlet levelunes of works
Address 614-40 St. Sew. De,	Alepaty medical granger
10 21	23. SIGNATURE CALLED M. O. COMMON M. O. COMM
(Date rec'd by registrar)  (Date rec'd by registrar)  (Registrar)	Address + Clastirlle lud Bate signed 12-21-45



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No. 314 245

1. PLACE OF DEATH: Seorge Seorge	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Pirandala Md	State
(If outside city or town limits, write RURAL and give nearest town)	Washington.D.C
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	5015-13th St N W
	Street No. SOLID-LIGHT SUPERIOR NO. (If rural, give LOCATION)
U. L. L. L. L. L. Landinston	/
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
FANNIE A. DUT	PLINGAME
4. Sex 5. Color or race 8.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION
Female white widow	17 1/00 P
	2D. DATE DF DEATH Dec 5 1947 at 4°P
6.(b) Name of husband or wife. Harry T Burlingame	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Nov. 20 1947 10 Dec. 5 194
7. Birth date of Thocht of noble	and that I last saw h lacalive on Dec 46 19 4
7. Birth date of Unobtainable Unobtainable	Immediate cause of death A DURATION
8. AGE: Years   Months   Days   It less than one day	immentate chase in quality
About 84	The state of the s
	I huggoodalig pringina week
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to Lesseralised artais -
(Town, county, and state)	schoused 15 year
1D. Usual occupation. Housew ife	Due to
	Due 10
11. Industry or business	
12 Name Unobtainable  13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findiage of operations.
14. Maiden name	Date of op.
16. Informant Gertrude S. Story	
	Antopsy results
Address 6120-Baltimore St	
Bulling Riverdale, Md. Dec 8, 1947	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arlington Natl. Cem	Where did injury occur? (City or town) (County) (State)
Location arbeitam Va	Injured at home, tarm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director. The S.H.Hines Co	0 10 11 0
Address 2901-14th. ST.N.W	2/1 2/1 2/2
11 12 2 1 1 2 1 1	23. SIGNATURE.
19. (Date rec'd by registrar) 19 17 Justine M & chaffe	4600 Qual 1. Trans NW 1 12/5-14
(Date rec'd by registrar)	Address Date Signed

WITH UNFADING INK. Stoply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, V is especially

WRITE

PLEASE

Supply e

FOR BINDING

MARGIN RESERVED

DEC 10 1947

WITH CAF

PLEASE WRITE

VS A15

BINDING

MARGIN RESERVED FOR

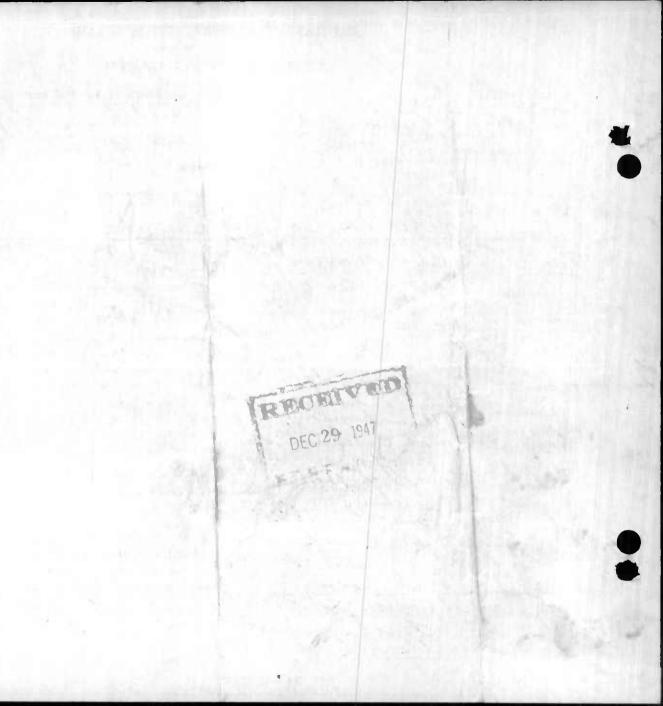
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CEPTIFICATE OF DEATH

tog, Diat, No. 245

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town  (It by side city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death grourred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  (If ortside city or town limits, write RURAL and give nearest town)  Street No. Continue of the county of the city of town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)
3.(a) FULL NAME Frederick Collins	Burrhus 3. (b) Social Security Number
4. Sex    Sex   Se	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 47.  and that I last saw h live on 19 47.  Immediate cause of death  DURATION  Due to  Due to  Dither conditions  (Include pregnancy within 3 months of death)
14. Maiden name Floras Lifact  15. Birthplace	Major fiedings of operations
16. Informant  Address  Address  17. Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Locatio	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director Address Apallarille Man. Jan. Jan. Jan. Jan. Jan. Jan. Jan. J	23. SIGNATURE M. D. or other  Address & were the Med Date signed /2-224,



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

471 Reg. Dist. No.

1. PLACE OF, DEATH:  County County City or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  Star County County County County Clif or town limits, write KUKAL and give neerest town)  Street No. (If rural, give LOCATION)  2. (a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Catherine Finna &	Tulley -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female coloned musical	20. DATE OF DEATH 27 Plec 19.4.7 21.25 M
6.(b) Hame of husband or wife Justiful O. Buller	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	27 Llac 1942 to 27 Llec 1949
7. Birth date of S	and that I last saw h. Par alive on 2 7 feller 19 14.2
deceased (mo., day, yr.)  8 ACF- Years, Months Days If less than one day	Immediate cause of death
8. AGE: Years, Months Bays If less than one day	acoldent 1 to
9. Birthology Cabrer Of Go. Co., Ma.	Due to Tryperlement CV
(Town, county, and state)	Therewoe Work
10. Usual occupation	Due to
11. Industry or business	
12. Hame Monuts Process	Other conditions
3 13. Birthplace Charles Co., man.	(Include pregnancy within 3 months of death)
E 14. Maiden name Stiple E Stille	
15. Birthplacy A. Les, Co. md	Major findings of operations.
21 15. Birinplace 12, 120	Date of op.
16. Informant	Autopay results
Address Walker halvers That	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Barial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory M. Carmel	Where did injury occur?
Location When markowo, ma.	Injured at home, farm, industry, public place (where?)
18. Funeral director Tritchie Bus 1	Means of Injury Injured at work?
Address Suppen marchand, mol -	23 SIGNATURE SRB Jassey MB
18 (Date rec'd by registrar)  Registrar	Address Upper Marlloro ) 2 Date signed 2 7 Miles 47
(Date ree of my registrar)	III AUUI ESS SELECTION OF



EA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

,

23/

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Stat Maryland County Prince George's University Park (If outside city or town limits, write RURAL and give nearest town) 4301 Woodbury (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I altended deceased from (tnclude pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide...... tnjured at home, farm, Industry, public place (where?) ... Means of Injury

1. PLACE OF DEATH: Prince George's 2 months Hospital, Institution, or street address where death occurred: Prince George's General 2 months How long in hospital or institution?.... 3. (a) FULL NAME Arthur Carr 6.(4) Single, married, widowed, or divorced male white married 6.(b) Name of husband or wife Jennie C. Carr July 31, 1885 deceased (mo., day, yr.) Days R. AGE: Years If less than one day Maryland (Town, county, and state) 1D. Usual occupation Real Estate 11. Industry or business Arthur Carr Friendship Md HLOW 14. Maiden na 15. Birthpiace May Ellen Hardestv Md . Hospital records 18. Funeral director Address

DEC 30 1947

PLEASE WRITE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

47C

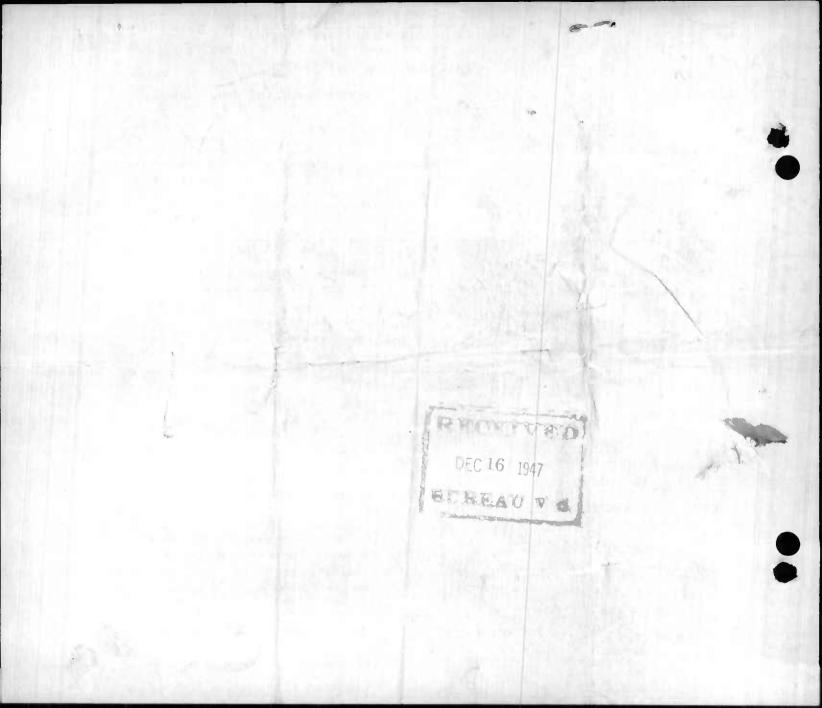
### TEICATE OF DEATH

11473

Date signed / 2. / 4 . 47.

CERTIFICA	TE OF DEATH - Reg. Diat. No
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  For newborn intents give residence of mother)  State  County  County  City or town  (If outside kity or typen limits, write RURAL and give newfest town)  Street No. #106  City or town  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Ellen J. Coates	3. (b) Social Security Number 216-01-3624
4. Set 5. Color or race 6. (a) Strigle, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife Hans Coales  6.(c) It alive, give age 73  7. Birth date of deceased (mo., day, yr.) 12 March 1882	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 47. to
8. AGE: Years   Months   Days   If less than one day   65  hrsmin	Commence Roget Lange 444
9. Birthplace Landover, Pro. Geo; Md.  (Town, county, and atate)  10. Usual occupation. Sales Lady  Retired	Due to
11. Industry or business  12. Name  12. Name  Maryland	Dther conditions
Harden name Lavenia Beal  14. Malden name Markland	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Hans Coales	Date of op.  Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17. Burial (Burial, cremation, or removal, Which?)  18. Control (May) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cometery or	Where did injury occur?
18. Funeral director Lasch Lord 1  Address Lyallsville My	23 SIGNATURE / LAZACIENTE Zes A

Registrar



WRITE

PLEASE

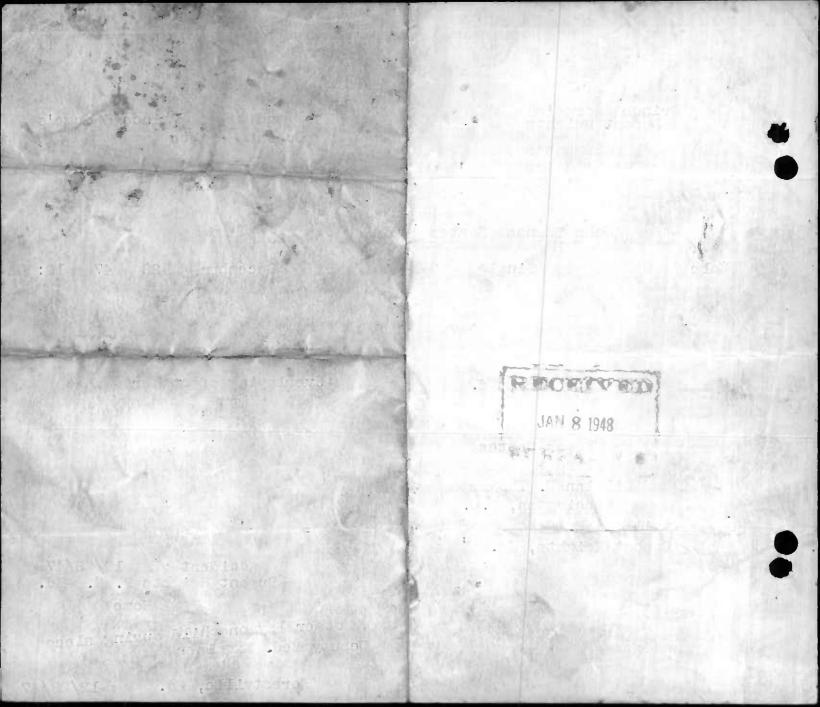
A15 SA age

The state of the s	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
--	----------	-------	------------	----	--------

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	Keg. Dist. No.	*****************
1. PLACE OF DEATH:  Sounty	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give realdence of mother)  State	
3. (a) FULL NAME	3. (b) Social Security P	Number
John Thomas Coates		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	SECTION AND ADDRESS OF THE PERSON AND ADDRES
Male Colored Single	20. DATE OF DEATH. December 28 19 47	10:00
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from
		19
7. Birth date of	and that I tast saw halive on	19
deceased (mo., day, yr.) October 12, 1947	Immediate cause of death	DURATION
0. AGE.	Asphyxia	***************************************
	^	
9. Birthplace Upper Marlboro, Md. (Town, county, and state)	Due to Overlaying of mother	******************************
		********************************
10. Usual occupation	Due to	***************************************
11. industry or business    12. Name		••••
	Other conditions	
13. Birthplace Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name Lellian E. Thomas 15. Birthplace Washington, D. C.	Major findings of operations.	
15. Birthplace Washington, D. C.	Date of op.	
16 informant Lillian E. Coates	Autopsy results.	1
Address Dupont Heights Md.	PHYSICIAN: Please anderline the cause to which death should be charged a	tatistically.
11 Personal Date thereof Alle 25 - 47 (Burial, cremation, or removal, Which?)  Cemetery or crematory R. Stallungs Committee Management Committee Management Constitution of the Management Constitution of the Management Committee Management C	22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide. Accident  Where did injury occur? Dupont Heights P. G.  (City or town) (County)  Injured at home, tarm, industry, public place (where?) Home  Means and injury occur? Dupont Heights P. G.  (City or town) (County)  Injured at home, tarm, industry, public place (where?) Home  Means and injured at work?  Deputy Med. Examiner  23. SIGNATURE.	Md. (State)
19 Jan. 2 19 48 Colony F. Selais Registrar	Address Forestville, Md. Date signed	2/28/47



PLEASE-WRITE

A15 S

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

11475 Reg. Dist. No. 243

1. PLACE OF DEATH:    County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State D. C. County
City or town	W. shington
How long in above place of death?	(11 outside city or town limits, write RURAL and give nearest town)
Glenn Dale Sanatorium	Street No. 709 - 8th St., N. E.
How long in hospital or institution?	(If rural, give LOCATION)
	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	ONNELL
Male White Married	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 205 A M
5.(b) Name of husband or wife Mrs. Zudie Connell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Man 19 1847 10 Dec. 3, 1847
7. Birth date of	and that I last saw h. Linkative on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
	Immediate cause of death DURATION  Dulurous Julurculosis 13 100.
2 20 101	U.A.
9. Birthplace Maryville, Ohio (Town, county, and state)	Orther Conditions:
Correspond Consul	arterio schrite frat disease 11 yrs
10. Usual occupation. Government Guard	Cardiac astlina 8 yrs
11. Industry or business	Emplysema > xys?
I 12 Name John G. Connell	Other conditions
13. Birthplace ? Pennsylvania	VIIIC CONTRICTOR
Marrie To The 12	(Include pregnancy within 3 months of death)
14. Maiden name Mary D. Blackburn  15. Birthplace Zanesville, Ohio	Major findings of operations
≥ 15. Birthplace	Date of op.
16. informant Decreased	Autopsy results.
Address	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Remard Burial 12/2/119	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burni, cremation, or removal, Which?)  Date thereof (mont) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory to machinistin &c	Where did Injury occur? (City or town) (County) (State)
of Burial at larger Niel Chining Browin G m &	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral directs all I will from	Meene of injury Injured at work?
Address 300-476 of DE / makingan	() 10 P M.
0 - 12 0 1 0 000	23. SIGNATURE Lane Leo Finicane MX
19. Date Tec'd by registrar) 18 4   Voutang D. Tully Begistrar	Jah Mal Mal 12/3/47
registrar	Address Date signed 12/3/47



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants tive residence of mother)
County	Maryla & Brice Hop.
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No 3/8 Carmody Hill Dr.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME OLIVER EUGENE	RAMPTON 3. (b) Social Security Number
4. Sex   5. Color or race   B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	2D. DATE DF DEATH. ALC. 1ST 1947, al.
Minnie M. Gaunton	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
8.(b) Name of husband or wife.	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death acute Congocia DURATION
8. AGE: Years Months Days It less than one day	heartasles !
64 10 J	
9. Birthplace Maryland	Due to Cardio ca cala-re al
9. Birthplace	disease
10. Usual occupation	Due to
11. Industry or business	
12. Name essage samplor  13. Birthplace Mayland.	Diher conditions
Z 13. Birthplace Maryland.	(Include pregnancy within 3 months of death)
E 14. Malden name Assura Ector	
manufand.	Major findings of operations.
15. Birthplace Maryland	Dale of op.
18. Intermant I Marie	PHYSICIAN Please underlice the cause to which death should be charged statistically.
Address 2/8 Carmody Hill or Heat fle	Editor, and
17 Burial Date thereof 12-4-47	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoyal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Gemelery or crematory + on Justicolis	Where did injury occur? (City or town) (County) (State)
Location Delacleusburg, Hod,	Injured al home, farm, Industry, public place (where?)
111.11. ( b. san less for	Means of Injury tnjured at work?
18. Funeral director	pleput, medical Gorgina
Address 05/7 // 4 57 49. 20	23. SIGNATURE SOME
n Dec 2 47 Cambrill	M. Workser
19. (Date rec'd by registrar) Registrar	Address Address Light (7-1-4

DEC 5 1947

VS A15

	TO SEE	A BITT	OT A TEL	DED A DESERVATION	OH	
ΝA	KIL	AND	SIAIL	DEPARTMENT	Uŀ	HEALIF

2411 N. Charles St., Baltimore

# 11477

CERTIFICATE OF DEATH

Reg. Dist. No.2 42

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	F DECEASED:	
County Prince Georges		<b>{</b> {	N-212	
		RURAL and give nearest town)	IL AND THE VICE THE TOTAL CONTRACTOR OF THE PROPERTY OF THE PR	
How long In above place of death?		(If outside city or town limits,	, write RURAL and give nearest town)	
Hospital, Institution, or street a Andrews Army		ed:	Street No. 104 Chabot Terra	ace
Andrews Army	AIL LIGIU	·····	(If rural, give World Wa	LOCATION)
	on?		2.(a) If veteran, name war WOTLd Wa	ir II
3. (a) FULL NAME				3. (b) Social Security Number
CURTIS,				
4. Sex 5. Cold		gie, married, widowed, or divorced	MEDICAL CE	RTIFICATION
M	M	Married	20. DATE OF DEATH 10 December	19.47 at 1825 has
B.(b) Name of husband or wife	SYLVIA CUR	TTS	2t. I CERTIFY that death occurred on the date above	re stated: that I attended deceased from
Manager and Manager			19	19
7. Birth date of	<b>5.</b>	(c) If elive, give ageyears	and that I last saw halive on	19
	lugust 26, 1		Immediate cause of death.Crushingi	injuries to DURATION
o	onths Days	If less than one day		ree burns all
25	3   14	hrsmin.	surfaces entire body.	
9 Riethniace		Kansas	Due to	***************************************
9. Birthplace Kansas (Town, county, and state)			***************************************	
to, Usual occupation21	nd Lt. U.	S. Army	Due to.	
11. Industry or business			V46 (U	
	/ .r	1)	Other conditions	
t2. Name			Uther conditions	
	of Pur		(Include pregnancy within 3 m	onths of death)
t4. Maiden name		Λ .	Major findings of operations	
El 15. Birthplace	T D	_ (10)	222022022202220222022202000000000000000	Date of op
16. informant	V Rea	rage	Autopsy results	
Address Charley Mild. 11			PHYSICIAN: Please anderline the cause te whi	ich death sheuld he charged statistically.
Jacadal 12/12/67		22. VIOLENCE: If death was due to external caus		
(Burial, cremation, or removal. Which?)  Date thereof (month) (day (year)			nt Date of 10 Dec 47	
Cemetery or crematory. Low Religion Dales.				eld.Prince Georges Cnty.
Location			ere?) See above	
19. Funeral director	1500	Kombels Co	Means of Injury Airplane Accide	ent Injured at work?
Address 577-	11 26	16	#	or Banna
200 12	MM C	4 Camb 10	23. SIGNATURE FRANCIS E. BARI	RY 1st It wal or other
(Date rec'd by registrar)	18.7	Registrar		yland Oate signed 10 Dec 47

Ten gratigual, 10 to a min THE RESIDENCE OF THE PARTY OF RECEIVED - COUNTY OF THE STATE OF . DEC 15 1947 personal period. The transmitter of a sign w TO STATE OF LAND

information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLAINLY, V

WRITE

PLEASE

A15 ASA

RESERVED FOR BINDING

MARGIN

2411 N. Charles St., Baltimore

11478

		CERTIFICAT	E OF DEATH	Reg. Diat. No	164
How long in above place Rospital, institution, o	Valmore made action of the RURAL section of the RUR	and give nearest town)	Streel No.	County Dunck Count	
3. (a) FULL NAM		Cland Sta	n arj	3. (b) Social Security	y Number
Temale	5. Color ograce 6.(a)Single, married	d, widowed, or divorced	20. DATE DF DEATH	CERTIFICATION 16 19 47	21 4-10 P N
7. Birth date of	al. 1. 03.	, give age years 1947,	21. I CERLIFY that death occurred on the date	above slated; that lattended dec	ceased from
8. AGE: Yea	ers Months Days It les	ss than one dayhrsmin.	Immediate cause of death	lup	J mo:
9. Birthplace	(Town, county, and atate)		Due to		****
10. Usual occupation	· cone	May	Due to.		
12. Name	norma John	em	Other conditions	a 3 months of death)	
14. Maiden name  15. Birthplace	r. nevull He		Major findings of operations	Date of op	
Address 17 Bur	Juantico  idl  on, or removal, Which?	19, 1947 month ylay) (year)	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide	causes, till in the following:	d statistically.
Cemetery or crema	(1) malon a	emeliny	Where did Injury occur?(City or tow Injured at home, farm, Industry, public place	rn) (County)	(State)
1B. Funeral director.	F Gascle	Sons,	Means of Injury	Injured at work?	W'0.
101	9 47 Amana	la Downey	23. SIGNATURE JOhn O. Address Cheverly - Y	Mod Bate signed	or other 12-17-47

RECEIVED

DEC 20 1947

SCRES! 6

WRITE PLAINLY, is especially

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1316

#### ATH

11479

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Prince George8s	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Md. Pr. Geo.
City or town	State County
How long in above place of death? 3hrs.55min.	City or town Hyattsville (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	6114 42nd Place
Pr. Gen.Gen!	Street No
How long in hospital or institution? 3hrs. 55min.	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Dickinson, Dr. James	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W M	2D. DATE DF DEATH 12-5- 19 47 11:55p.
6,(b) Name of husband or wife Anna Mary Dickinson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	9-7-47 18 to 12-5 19.42
7. Sirth date of Sept. 17-1880	and that I last saw h. (. 2) alive on . (. 2 - 5 - 4 ) 19
deceased (mo., day, yr.)  R AC.F. Years   Months   Days   it less than one day	Immediate cause of death Cerebral Vaccular DURATION
8. AGE: Years Months Days It less than one dayhrs.	min.
England	Due to Hypertusine Heat
9. 8irthplace (Town, county, and state)	10 sene.
10. Usual occupation Organish	Chanic Alaquela newlate
11. Industry or business Carhalie Immersely	Due 10
	Other conditions
12. Name John Sickinson )  13. Birthplace Lucy land	
14. Maiden name Mary 9. Haskin	(Include pregnancy within 3 months of death)
14. Maiden name Mary 9. Hasking 15. Birthplace Europ Land	Major findings of operations.
Grang May Delding and	Autopsy results. Hypertensine Heart Succe
Addresses 144 - 47 - Cl. Justicalle and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
19 10 1.21.1.1.	22. VtOLENCE: tf death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?)	r) Accident, suicide, or homicide
Cemetery or crematory MV. Huell Cemety	Where did injury occur?
Location Wash; De.	tnjured at home, farm, Industry, public place (where?)
18. Funeral director WWChausho C	Means of Injury Injured at work?
Address Muradalo, yell	OR DClas 20
13 /2/6 1047 Amonda Doune	23. SIGNATURE M. D. or other
(Date ec'd by registrar) Re	istrar Address



M

# VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.....

County	City or town		
3. (a) FULL NAME CAROLINE ELIZABETH DUT	TON 3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced while white   widow   6.(b) Name of husband or wife   Walter   Houlton   Color of the live, give age   years	MEDICAL CERTIFICATION  2D. DATE DF DEATH. December 17. 19.4.7. at 10.40 P. M.  21. I CERTIFY That death occurred on the date above stated; that t attended deceased from		
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that i last saw h. La. alive on		
8. Birthplace	Due to.  Due to.		
12. Name. William T. Simpson  13. Birthplace Md  14. Malden name Aridena Walker  15. Birthplace Va.	Other conditions		
2 15. Birthplace Va.  18. Informant Advin F. Nulton  Address 508 B. St N.E. DC.	Autopsy results		
17 Bund Date thereof Alex 20,1947 (Burial, cremation, or removal. Which?) Short and (month) (day) (year)  Cemetery or crematory Avenue Well  Company of the	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
18. Funeral director. W. Warren I altavall  Address 3619-19 10 DC	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  And		
19. Date rec'd by registrar)  (Date rec'd by registrar)	Address College Park Ful Date signed 12/17/47		

DFC, 19 1947

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully 'Ine c is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11481 Reg. Dist. No. 243

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF	DECEASED:
County Prince Georges		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)		
City or town		State	y		
How long in above place	of death?	mos.	12 days	City or town Washington (If outside city or town limits.	write RURAL and give nearest town)
Hospital, Institution, or	street address where d	eath occurred	i:	Street No. 2205 - L. St.,	
***************************************	lenn Dale		***************************************	(If rural, give L	
How long in hospital or	Institution?6. II	10.5.	12 days	2.(a) If veteran, name war	V
3. (a) FULL NAME		BENJ	AMIN ELLIS	100	3. (b) Social Security Number
4. Sex	5. Color or race	-	e, married, widowed, or divorced	MEDICAL CE	PTIFICATION
Male	Colored	Ma	arried		17 19 47 31 2 30 P. 1
6 (1) Nov. of both at and a	Marie	Twimar	n Hunter Ellis	21. I CERTIFY that death occurred on the date above	
				JUNE 4 19 5	
T. Birth date of	•••••••••		e) If alive, give age	and that f last saw h	
deceased (mo., day, yr	october	15,	L882		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION
65 65	2	2	hrsmin.	- V	o mo
			3. state)	Due fo	
10. Usuat occupation Laborer		Due fo	***************************************		
11. Industry or business					***************************************
置 12. Name	rrison Ell	is		Other conditions	***************************************
	Orange, Vi				
	Lucy Tayl			(Include pregnancy within 8 mo	nths of death)
14. Maiden name	Orange, Vi	rainis		Major findings of operations.	
₹ 15. Birthplace	orange, vi	rganac	3.		
16, Informant	Deceased			Aptopsy results	
				PHYSICIAN: Please underline the cause to which	
Address	-0		0 1510114	22. VIOLENCE: ff death was due to external cause	s. fill in the following:
11. X evalor.	or removal. Which?)	Date fhere	of Dec. 1 8 1 4 7 7 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremators			(====, (===,	Where did Injury occur?	
temetery or crematory		Where did injury occur?(City or town)			
Location				Injured af home, farm, industry, public place (wher	
18. Funeral director JEorge 13 Clarke			Elarke,	Means of Injury	fnjured at work?
Address // 4	416 1 F	la a	WE Y.E.	(1) a in F	11.
0		ID .	0 1. PP :0.	23. SIGNATURE TO THE LAR	o Timecare MY
19. Dele rec'd r	8 19 47	) Low	Registrar	48 ADO	m. D. or other
(Date rec u by reg)	oviai) (		Registrar	Address	Date signed 17/47

DEC 26 1947

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

11482 Reg. Diat. No. 243

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale
A. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Male   White   Single    8.(b) Name of husband or wife      7. Birth date of deceased (mo., day, yr.)   October 31, 1905	MEDICAL CERTIFICATION  20. DATE DF DEATH
8. AGE: Years Months Days If less than one day  12 12 1 7	Immediate cause of death DURATION  Pulsonay Julierculoses 16 yrs  Due to
12. Name Knute Eriksen  13. Birthplace Norway  14. Maiden name Sina Simansim  15. Birthplace Norway  16. Informant Deceased	Other conditions
Address  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory N aslungton hathous Cemetary  Location Prince Ecogis G., M.S.  18. Funeral director 2. H. Classless Co.  Address 1400 Chappen St. 77. Co.  19. Page 1947 Rowland & Plulips	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

PLEASE WRITE

RECEIVED

DEC 17 1947

TTLES VO

PLEASE WRITE

A15

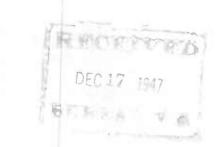
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11483 Reg. Dist. No. 243

1. PLACE OF DEATH:   County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State D. C. Couoty		
How long in above place of death? 1 MOS., 25 days  Hospital, institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 1 MOS., 25 days	City or town Washington  (If outside city or town limits, write RURAL and give nearest town)		
3. (a) FULL NAME EVANS, CLARENCE	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male Colored Single	MEDICAL CERTIFICATION  20. DATE DE DEATH.  DECESSES 7 19 47 21 5:18 A.		
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
8. AGE: Years   Months   Days   It less than one day   27   27   6   17	Immediate cause of death Pulmonary Tuberculosis 9 mos		
9. Birthplace Shelton, North Carolina (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business	Due to		
12. Name Donnie Evans 13. Birthplace Shelton, North Carolina	Other conditions		
Mamie Richardson  14. Malden name Mamie Richardson Shelton, North Carolina	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
16. Informant			
17. Burning Date thereot Dec 8 47 (Iterial, cremation, or removal. Which?) Cometery or crematory Community Location Washington, DC	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide		
18. Funeral director of the Newart  Address 30 H 81 ne  19. Dec 8 19 47 Rowland & Philips  (Date rded by registrar) Registrar	23. SIGNATURE Laniel Leo Finican M.D. or other  Address Slem Dale Md. Date signed 12-17/47		



#### MARYLAND STATE DEPARTMENT OF HEALTH

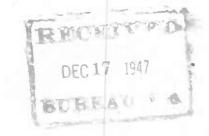
2411 N. Charles St., Baltimore

11484

#### CERTIFICATE OF DEATH

243.

1. PLACE OF DEATH:  County Prince Georges  City or town Glenn Dale, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 7 months  Hospital, institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 7 months			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restate	nly	t town)	
3. (a) FULL NAM		RMAN FRED	ERICI	<	3. (b) Social Security Nu 577-05-5748	mber
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divo	orced	MEDICAL CE	ERTIFICATION	725
6.(b) Name of husband 7. Birth date of deceased (mo., day,			) years	21. I CERTIFY that death occurred on the date abo  5/5  and that I last saw h. Meta-alive on	12/6	19.47
8. AGE: Years	Months 5	Days   If less than one day	mln.	pulmo wary luber		5 413.
9. Birthplace  1D. Usual occupation.  11. Industry or busines	Constru	New Jersey county, and state) ction carpenter		Due to		
12. Name	? Wadalina	N. Sherman New Jersey Schluetter		Other conditions		
-	? Deceased	New Jersey		Antopsy results	Date of op	
Cemetery or cremat	ory	Date thereof	7 (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide  Where did injury occur?	(County) (	
18. Funeral director  Address 5/	w.w. 7 - //5	Rowland S. Pl	uligs	Means of Injury  23. SIGNATURE Davie L  Address Senn Rale	Injured al work?  RD Finescas  M. D. or  M. D. or	2 74X



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11485 Reg. Diat. No. 245

Date signed 2-29-47

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Proces Granges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cine Ball	State Manyland County
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town. Baltiment
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Leland memorial Hospital	Street No. 1 0 0 8 Wast CocaTion)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Thomas	Qubson 3. (b) Social Security Number
4. Sex 5. Colorfor race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Lec 29 19 47 at 730 K
6.(b) Name of husband or wife Lill Culson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
( S.(c) It alive, give age 3.3 years	
7. Birth date of	and that I last saw halive on
R A.G.F. Years   Months   Days   it less than one day	Immediate cause ul death
/ 3	agute Congestino hear
6 0  hrsmln.	Lachepl
9. Birthplace (Town, county, and state)	of 10 Cardiorascular reval
7	disease
1D. Usual occupation	Due to
11. Industry or business Taper too "facelory	
12. Name Vehry Glason	Dither conditions
13. Birthplace Verafrey	(Include pregnancy within 3 months of death)
14. Maiden name July Jalbert	(Include pregnancy within 3 months of death)
14. Maiden name Jalbers  15. Birthplace	Majur findings of operations.
4 '00 C	Date of op.
16. Informant	Autopsy results
Address / O 08- Wast Cross St. Sallium Ke	
17 transportation Bate thereof Slice 30, 1941	(22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location (Va	Injured at home, farm, Industry, public place (where?)
I Sische some	Means of Injury Injury Injury
18. Funeral director Augustian 18. Funeral director Maria 18.	pleperty mederal gramme
Address	23. SIGNATORE CALLED A LOOK
18 /2/30 10 47 Umande Downey	M. B. or other
(Date red d by registrar) Registrar	Address Date signed 4 79 4



WRITE

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1200

#### CERTIFICATE OF DEATH

11486225

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Trimes larger	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Prime georges
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
deland mensione Haspital	Street No. 4907 addison Road
How long In hospital or institution?	(II FOFAI, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mio Katherine C. (Lehran)	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 0 1.104 20. 1	1 11 12 15
temple white married	20. DATE OF DEATH December 6 1947, of 9 -a. M
6.(b) Name of husband or wife Mr. Thamas S.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2 ~	12-14 1847 10 12-16 1947
7. Birth date of	and that I last saw h OF allyg on 12-16 1947
deceased (mo., day, yr.) / - /3 - /9/8	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	marriel antabuter 2 das
37 11 3hrsmin,	
11 9	
9. Birthplace (Town, eounty, and state)	Due to acute free to
1D. Usual occupation.	Due to
11. Industry or business	
12. Name mr. Isaac Michalas  13. Birtholace Elizabeth, New Jersey	Other conditions
13. Birthplace Elizabeth, new Jersey	
E 15. Birenpiace Consanut, Ten Jenny	(Include pregnancy within 3 months of death)
14. Maiden name Miss Elijabeh Lepping  15. Birthpiace St Lauis, missauri	Major findings of operations
2 15. Birthplace St Lavis, missauri	- Date of op.
16. Informant Mr. Thomas gihan	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4907 address Pd, Kenilmorth, nd.	
17 Burial Date thereof Wee 191947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremstion, or removal. Which?)  Date thereof (month) (cont) (year)	Accident, suicide, or homicide
Cemetery or crematory Close Hill Claudery	Where did Injury occur?
& the sold man lands	
Location Location Lawrence	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Tankon Hussen Home	Means of Injury Injured at work?
1.11 11 01 1257 36 0 10.0	0.1 0 20-06 mo
Address (04) - / Smy de -	23. SIGNATURE DOUTTON OF Walkins 111 D
10 her 16 047 Mrs. Jas. Sperene	M, D, or other
(Date rec'd by registrar)	Address 5306 annapoles Och Date signed 12 -16-4

DEC 19 1947

2411 N. Charles St., Baltimore

ect age

DING INK. Supply every item of information careful Physicians: please write the causes of death clearly an

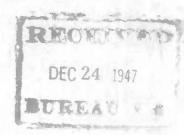
PLEASE WRITE PLAINLY, WITH is especially impor-

VS A15

MARGIN RESERVED FOR BINDING

# 11487

	. CERTIFICAT	TE OF DEATH Reg. Diat. No.	5
	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give esidence of mother)  State  Couoly, Leo Co  City or town  (If our size city or town limits, write RURAL and give nearest town)  Street No. 1637 - 1224	
	How long in hospital or institution?	(If rurol, give LOCATION)  2.(a) If veieran, name war.	
	3. (a) FULL NAME Congeration Rossell	Slasgow 3. (b) Social Security Number	
-	4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION  20. DATE OF DEATH GAL 15 1947 1947	15 P. M
	6.(b) Name of husband or wife Land . Slacgow . Slacgow		47
	7. Birth daie of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and that I last saw h. m. alive on 911 / 8 19 Immediate cause of death DURI Comprising Community / 8	ATION
	65 9 18 min.	Due io.	
	9. Birthplace Nashmatan A. C. Pown, county, and state)  10. Usual occupation Business Man	Due fo.	**********
	11. Industry or business Several Glasgow  12. Name Augustus Rossell Glasgow  13. Birthplace Washington C.	Dither conditions	
	14. Maiden name Missia Mary Saly	(Include pregnancy within 3 months of death)  Major fiadiags of operations	.,.,
	16. Informant Paymond & Blangon	Autopsy resolts	
	Address 4637 4222 Place Squals, Md.  17. Burial (Burial, cremation, or removal. Whigh?)  Bate thereof Slee 22,1947  (Burial, cremation, or removal. Whigh?)	PHYSICIAN: Please noderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
	Cemetery or crematory. Cedar Hill	Where did injury occur? (City or town) (County) (State)	
1	18. Funeral director Sasche 2502	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	
	Address Styallsville Ma.	23. SIGNATURE M. D. or other g	0-47
	(Date rec'd by registrar) Registrar	Address Dale signed	



MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

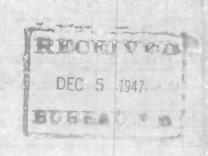
830

11488

#### CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:	2. USUAL RESIDENCE (FIOME) OF DECEASED:  (For newborn infants give residence of mother)
county Pr Georges County	Maran land Pro Gas Os
Cily or town Seat 12.4.5 and T Md (If outside city or town limits, write RUKAL and give nearest town)	l o i b i i b Mi
How long in above place of death? 26 Hours	City or town. (if outside city or town limits, write RURAL and give nearest town)
HospHal, institution, or street address where death occurred:	Street No
500 ADDISON KO	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Dallas Grant	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH December 1 1947, at 5:30P. m
Sarah Elizabeth Grant	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	September 12 19 47, 10 Dec 1 19 47
7. Birth date of	and that I last saw h 1 m alive on November 29 19 47
deceased (mo., day, yr.) Oct 31 1866	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death  Develoal hemory hage  34 kouss
81hrsmin.	
8. Birthplace Washington D.C.	Doe to arterioschlerasis 20 Hours
(10wh, county, and state)	History
10. Usual occupation Retired huckster (Produce)	Out to Senistity
11. Industry or business	
# 12. Hame Albert D Grant	Other conditions Fracture of left hip
12. Hame Albert D Grant  13. Birthplace Scotland	On Scot 12 1947 (Not contributory) (thetade pregnancy within 3 months of death)
	(Include pregnancy within 3 months of death)
	Major findings of operations.
2 15. Birthplace Meadows Pr Geo Co Md.	Date of op,
16. Interment Mrs Margaret Halk pap	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 500 Addison Ra Seat Pleasant Md	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cometery or crematory	Where did injury occur?
Location Scrittand med.	Injured at home, farm, Industry, public place (where?)
2/2 & Landes (1)	Means of Migry Injured at work?
18. Funeral director.	
Address 5/7-1/th ST. S. E WASH. D.C.	(i) Suit Vatchie M.D.
Dec. 3 47 Carrie of Campbell	23. SIGNATURE 6906 ICICCO TE RASE M. D. or other
19. Dec, 3  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Mash in alan 14 D.C. Dato signed DEC 1 1947



PLEASE

A15 NS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

11489 Reg. Diat. No. 243

1 DIAGE OF PRACTI		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince Georges		
City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County	
(If outside city or town limits, write RURAL and give nearest town)	797 1 - 1 -	
How long in above place of death? 7 days	City or town	
Hospital, institution, or street address where death occurred:	City or town Washington (If outside city or town limits, write RURAL and give ne  Street No. 2021 Monroe St., N. E.	earest town)
Glenn Dale Sanatorium		
	(If rurai, give LOCATION)	/
How long in hospital or institution?	2.(a) it veteran, name war	
3. (a) FULL NAME		
THOMAS J. HALLER	3. (b) Social Security	Number
	AIV	
4. Sex . 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Mala Mala 200 3 3	MEDICAL CERTIFICATION	
Male White Widowed	20. December 28 1947	
0 1 2 22		
6.(b) Name of husband or wite Sarah Halleran	21. I CERTIFY that death occurred on the date above stated; that I attended dece	eased from
A/AM II	12 (20 1947) 10 12	128 1047
7. Birth date of	and that t last saw h	
deceased (mo., day, yr.) March 21, 1884		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
	Pulmonary Tuberculosis.	9 mos.
63 63 9 7min.		1
Tllinois		***************************************
9. Birthplace ? Illinois (Town, county, and state)	Due to	***************************************
10. Usuai occupation	B	***************************************
11. industry or business	Due to	
12. Mame Thomas Halleran ?		* *************************************
E 12. name	Other conditions	4 00 10 100 100 100 100 100 100 100 100
14. Maiden name. Sarah Stevenson 2 15. Birthplace ?	(Include pregnancy within 3 months of death)	
E 14. maioen name	Major findings of operations.	
≥ 15. Birthplace		
	Date of op.	
16. Informant Deceased	Aotopsy results	
Address	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
	22 VIOLENCE, It does how does to extend the second to the	
(Burial, cremstion, or removal, Which)  (Burial, cremstion, or removal, Which)	22. VIOLENCE: It death was due to external causes, till in the toilowing:	
(Burial, cremstion, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Wt. Cluvet	Where did Injury occur?	
1. O. Tan No	Where did Injury occur?	
Location	Injured at home, tarm, industry, public place (where?)	
Lee Freneral Home	Means of Injury injured at work?	
is. Funeral director		
Address 300 - 4 to St. N.E. Washingtone.	. () a : 0 P D.	20.0
	23. SIGNATURE TO Mull Leve Timela	ing Mix
19. Dec. 30, 18 47 Kowland & Philips	6.0 (1) M. D. o	
(Date rec'd by registrar)	www. XTXen XIAVO INA	n In They



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEDTIFICATE OF DEATH

239

famel mo.

CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale May land County Management of the county of the c
3. (a) FULL NAME  JOHN  JOHN  HAM  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
male white widower	2D. DATE OF DEATH 12-19 19.47 21 804P
6.(6) Name of husband or wife Manny Year.  7. Birth date of deceased (mo., day, yr.) SUPF25 - 1869	21. I CERTIFY that death occurred on the date above stated; that bettended deceased from  August 1947, to December 9 1947  and that I last saw harm alive on December 19 1947.  Immediaic cause of death DURATION
8. AGE: Years Monyls Days If less than one day 78 2 242.ohrs0.4. min.	mysearchal Failure
9. Birthplace	Due to desility
11. Industry or business  12. Name Francis P. Wasnellon  13. Birthpiace mod.	Diher conditions
14. Malden name Pricilla neal  15. Birthplace maryland.	Major findings of operations
16. Informant Ricardo Santarine	Autopsy results PHYStCIAN: Please nuderline the cause to which desth should be charged statistically.
Address Address Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director Joseph Jawlers Stones Address / 5/6 Pla. ave: N. H. Wash. D.C.	Means of trijury  Conso Wenness Man
19. Dec 30 1947 M. Brasherse Registrar	23. SIGNATURE M. D. or other  Address Laurel Sanatasum Date signed 12/19/47.

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supplise especially important. Physicians: please

WRITE

PLEASE.

A15 SA y item of information carefully ine correct age the causes of death clearly and legibly.

DEC 24 1947

and the

#### CERTIFICATE OF DEATH

/		
1	9.9	A
1	Y	A
1	_	

1. PLACE OF DEATH:

(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or Institution:

Stay in hospital or Inst. (yrs., or mos., or days) \_\_ 1 - 44

Stay in this community (yrs., or mos., or days) \_

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If outs lie city or town limits, write RURAL NEAR and give town)

(If rural give LOCATION) 2(a) IF VETERAN, NAME WAR \_

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

Every item of information should carefully write the causes of death clearly and legibly.

VFADING INK. Physicians: please

important.

PLAINLY, especially in

WRITE 1

PLEASE

correct age

7. Birth date of

deceased (mo., day, yr.)

(Town, county and state)

1D. Usual occupation

11. Industry or business

13. Birthplace

14. Malden na 15. Birthplace 14. Maiden name

16. Informant marrison St n W

Date thereof December 23 /947 (month) (day) (year) (Burial, cremation, or removal. Which?)

MEDICAL CERTIFICATION

Immediate cause of death DURATION

(Include pregnancy within 8 months of death)

Major findings:

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, sulcide, or homicide

Where did Injury occur?. (City or town) Injured at home, farm, industry, public place (where?)\_

Means of Injury Injured of work

23. SIGNATURE

(County)

PHYSICIAN

Please underline the cause to which death should be

charged statisti-

(State)

RESERVED



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Rog. Dist. No. 242

1. PLACE OF DEATH: Prince George.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
County	state Mary land county frince Georfe.
(If outside city or town limits, write RURAL and give nearest town)	11:10:10
How long in above place of death? 45 years.  Hospital, institution, or street address where death occurred:	(if outside city or town limita, write RURAL and give nearest town)
1306-57th Ave. Hilside, md.	Street No. 1225-55 Ave. Hilside, Md.
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hones J. Hayes.	
4. Sek 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	20. DATE DF DEATH Secunder 13 19 47, at 3 7 M
6.(b) Name of husband or wife Charles A. Hayes.	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
8.(c) it alive, give age	november 44 1947, 10 serumbered 3 1947
7. Birth date of deceased (mo., day, yr.) April 26, 1872.	and that I last eaw h along alive on the same alive on DURATION
8. AGE: Yeare Months Days It leee than one day	Immediate cause of death 3 whs
75 1 1/hrsmin.	A
g. Birthplace Germany.	Due to Beneralyed articocherase 10 years.
(Town, county, and state)	\(\tag{\tag{\tag{\tag{\tag{\tag{\tag{
	Due to
11. Industry or business	
12. Name Stermany.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Usuke Germany.	Major findings of operations.
Menlac A Haves	Autopsy results
1205 EEG A. 1/1:1 M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 14 10-1/2	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Episcoful Church Cometery	Where did injury occur? (City or town) (County) (State)
Location Forestirle maryland.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. W. Charh bers Co.	Means of injury injured at work?
Address 517-112 8t. S.E.	2/ 11 B
July 13 47 Completo	23. SIGNATURE M. D. O
(Date rec'd by registrar) Registrar	Address Capatry Holes med Date signed 19/13/17



VS A15

age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Party	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Mitotello Ville, Proper	State	
(If outside city or town limits, write RURAL and give nearest town)	City or town (1f outside city or town limits, write RURAL and give hearest tow	rol
How long in above place of death?	On the second se	
	Street Ho. JULIANA (If rural, give LOCATION)	••••••
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Daybara Rogers Heathe	3. (b) Social Security Number	
4. Sex 5. Color or race   b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F. W. m.	2B. DATE OF DEATH. 6 Plec 19.42 at 4	30pm
6.(6) Hame of husband or wife. East Theath cotte	21. I CERTIFY that death occurred on the date above stated; that I attended geneased from	2/77
	(fan 187), to 6 Mile	.19
7. Birth date of deceased (mo., day, yr.) July 17 1893	and that I fast saw h	URAJIDH
8. AGE: Yeare Mooths   Days   If less than one day	armediate cause of death prombtons 6	hys
54 4 /7hrsmin,		
9. Birthplace (Town, county, and state)	Bue to astisio silentia CV Surface W	ouk
1B. Usual occupation Raif	Busto	
11. Industry or busineee	Due to	
E 12. Name Willett Tricks Orogers		1.K.,
13. Birthplace UMC Marde Ingallo	(Include pregnancy within 3 months of death)	
15. Birthplace Clavarra	Major findings of operations.	****************
Garalia Health a. J. Draws	Antopay results	
16. Informant Market The Address Market Mark	PHYSICIAN: Flease underline the cause to which death should be charged statistica	ılly.
Address Further var Dec 9 1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal, Which?)  Bate thereof (mosth) (day) (year)	Accident, suicide, or homicide	***************************************
Gemetery or crematory Mount Wak	Where did injury occur?	)
Location Michelle Ma	injured at home, farm, industry, public place (where?)	***************
18. Funeral director Colarence Frozeacre	Means of Injury Injured at work?	
Address mitchellville md	Bolest B Hasser	
101217 147 Louis APenal	23. SIGNATURE M.D. M.D. M.D. M.D.	1, 10
(Date see'd by registrar)	Address Uples Mulloro My Bate signed 1	47/

DEC 12 1947

PLAINLY, wis especially i

WRITE

PLEASE

A15 SA

ge

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11494

### CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DESTH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If cytaide city or town limits, write RURAL and give nearest town)  Street No. / O S  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME martha ann Ho	opes 3. (b) Social Security Number
Lenale white married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH OLC 20, 1947, at 10.4 A
8.(b) Name of husband or wife. Francis Loopes  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1et 2 19.7.9. to C. 2.2. 19.7.9.  and that I last saw h 2 alive on Dec. 2.4. 19.7.2.  Immediate cause of death DURATION
9. Birthplace	Due to.
11. Industry or business,  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  15. Birthplace  16. Day  17. Industry or business,  18. Name  19. Day	Differ conditions  (Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Francis Hoofes ned	Autopsy results
Address  Canaportation  (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Compared to the control of the contro	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Sussette rolle Miles	Injured at home, farm, Industry, public place (where?)  Means of Injury  tnjured at work?
19. Date rec'd by registrar)  Address  Mos Jos Servere  Registrar	23. SIGNATURE. L. C. C. M. D. or other  Address that attack Low Date signed 12 - 2 647

PFC 30 1947

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11495 Reg. Dist. No. 230

1. PLACE OF DEATH:  County RIVER OF DEATH:  City or fown.  (If outside city/or town limits, write RURAL and give nearest town)  How long in above piace of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME WILLIAM HARVEY Ja	C K 3. (b) Social Security Number
4. Sex   S. Color or race.   6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47, to 19.47, and that I last saw h. 11. alive on 19.47.
8. AGE: Years Months Days If less than one day    O	Immediate cause of death DURATION Story
1B. Usual occupation. Retired Carpenter  11. Industry or business Carpenter  12. Name. Venna  13. Birthplace Venna	Due to  Bither conditions Crebral hemorrhage sweral year
14. Maiden name Suer Serra.	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Listin Jack  Address Pout 2, Laurel, Md.  17. Bulled Date thereof Which?  (Burial, cremation, or removal. Which?)  Cemetery or cremetory.  Laurely Md.  Cornells  Cornells  Cornells	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide
18. Funeral director  Address / 4 / 18. Funeral director  Address / 4 / 18. Funeral director  19. Class / 23 / 18. Funeral director  19. Class rec'd by registrar  (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE.  M. D. or other  Address & S.

BLEEFE NO TROMPHAYED STATE SHAPPING ASSESSMENT OF STREET

THE DESCRIPTION OF THE PARTY OF

RECEIVE

DEC 27 1947

新しちとな

PLEASE WRITE PLAINLY is especially

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 93d

11496

### CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF DEATH: County PRINCE Georges	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town	State Mary Land County Trings Georges  City or town (If outside city or town limits, write RURAL and give nesrest town)
Rospilal, Institution, or street address where death occurred:	Streel No. 3505-37 & Ave. (If rural, give LOCATION)
How long in hospital or institution? 3.15 5 min	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1. Irving Jarboe	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 12-16 1947 21.5:05PM
6.(b) Name of husband or wife Mrs. Bertha Jarboe	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-16 1947.
7. Birth date of deceased (mo., day, yr.) 2 - 10 - 1884	and that I last saw h. Annualive on
8. AGE: Years   Months   Days   It less than one day	Lift Vontucle & Pricedal
9. Birthplace	Due to Care When I low.
10. Usual occupation manager business	Due to
11. Industry or business A + P Tea Company	Dither conditions
12. Name John Samuel Jacker  13. Birthplace Mechanics offe, Md	(Include pregnancy within 3 months of death)
14. Maiden name Eliza Meytee  15. Birthplace Nottinolane, Trines George Como	Major findings of operations
16. Intermant	Autopsy results. Some Foother Standing to be accepted by PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, exemation, or remain. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory. The Lancotte Commission Country	Where did Injury occur?
18. Funeral director The S. H. Hines &.	Means of Injury Injured at work?
Address 2901 - 14 th St. N.W.	23. SIGNATURE USSMAN LA D.
19. 12/17 1947 Amanda Deurcy (Date rec'd by registrar)	Address Let . Raisin Led Date signed 12-17:47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

		1 111
Rog.	Dist.	No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince Georges		
City or town. Brad bar g. Helg hts. (If outside city or town limits, write RURAL and give nearest town)	State West Virginia County Margar	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death	(11 Outside city of town limits, write KOKAL and give hearest town)	
4901 5 St. S.E. (home)	Street No	
How long in hospifal or institution?	2.(a) If veteran, name war	
John Daniel Johnson	3. (b) Social Security Number	
	234-36-5971	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	2D. DATE OF DEATH December 6 19 47 at 7:00 P.M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	November 10, 1947, 10 December 6, 1947	
7. Birth date of deceased (mo., day, yr.) August 2:1, 1889	and that I last saw h. J. Ma. alive on December 6 1947	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
o. noc.	Pulmonary tuberculosis, Notknown	
58 3 15min.	b.lateral	
9. Birthplace Berkley Springs, Morganico, W. Vas. (Pown, county, and stated)	Due to	
10. Usual occupation Flectrician		
11. Industry or business	Due to	
12. Name Teorge Johnson  13. Birthplace West Virginia	Dther conditions	
	(Include pregnancy within 8 months of death)	
14. Maiden name Margaret Shriver	Major findings of operations.	
15. Birthplace West Virginia		
	Dato of op	
16. Informant Mrs. Ratif Billo	Antopsy results	
Address 4901 S. St. S.E.		
12 RURIAI 12/8/47	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burfal, cremation, or zymoval, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory GREEN-WAY-	Where did injury occur?	
Location BERSELES SPANCE W.V.	Injured at home, farm, Industry, public place (where?)	
Location	Means of injury Injured at work?	
18. Funeral director		
Address 577-11 01-16	23. SIGNATURE EMELLE Countries M. D. or other M. D. or other	
	23. SIGNATURE MLL C. DAMILLEN M. D. or other	
19. Dec. 7 19. 47 Carry F. Camplell (Date rec'd by registrar)	Address J. OB oven Rd. S.E. Date signed Desc 6, 1947.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Central Ane the medical. Tor Congresall. DEC 9 1947 

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	Reg. Diat. No.	
1. PLACE OF DECH: Seo, ES	2. USUAL RESIDENCE (HOME) OF DECEASED:	2
4006 maderon at 1	State County Cro	ec,
(If outside city or tight the teacher and plannarest town)	- slychlowille Mr.	1.
low long in above place of death?	City or town(If outside city or town limits, write RURAL and give	e nearest tawn)
ospital, institution, or street address where death occurred:	Street No. 4006 Madison s.	15
	(If rural, give LOCATION)	,
ow long in hospital or institution?	2.(a) If veteran, name war	***************************************
B. (a) FULL NAME Trelson Thomas	on Johnson 3. (b) Social Secur	rity Number
Sex   5. Color or race   6.(a) Single, married, yidowed, or divorced	MEDICAL CERTIFICATION	
male white widowed	20, DATE OF DEATH. Let 12, 194	7. 9.45
6, (b) Name of husband or wife Cynthia Johnson	21. I CERTIFY that death occurred on the date above stated; that i ellepted	deceased from
	non 26 1847 10 44	12 19 6
1. Birth date of PAGE 3 -	and that I last saw h ML alive on 12 - 10	19 4
deceased (mo., day, yr.)	Immediate cause of death	DURATION
B. AGE: Years   Months   Days   If less than one day	mywardelis	444
hrs,		
Birtholace Praine	Due to. age	
(Town, county, and state)		***************************************
D. Usual occupation / Celired farmer	A.1.	
1. Industry or business	aue 10	*******
		******
12. Name Joseph J. Johnson.  13. Birthpiace maine	Dither conditions	
13. Birthplace maint	(Include pregnancy within 3 months of death)	
14. Maiden name Sarah Liffett  15. Birthplace mainly		
E 15. Birtholace haine,	Major findings of operations.	***********
extra scholl.	Date of op	**********************
16. Informant	Antopsy results	red statistically
Address - Vyallorille gra		Bed Manuelleany.
transportation Dale thereof fee 13, 194	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation or removal, Which?) [month] (day) (year)/		
Cemetery or crematory Beaver Cemelery	Where did injury occur?	(State)
Gest Bridge water mass		
Location	Injured at home, farm, Industry, public place (where?)	**********************
19. Funeral director & Casche 2575	Msans of injury Injured at work?	
Address Sy attendle nd.	Allen 1 L Laure	
ADDIESS AT WOULDER	23. SIGNATURE SUN EU DANN	
Dec to 1947 Jany Serry	Klynys, My	D. or other 13
(Date rec'd by registrar)  (Date rec'd by registrar)  Regist	rar Address Date sign	red

MARGIN RESERVED FOR BINDING

DEC 15 1947

# MARYLAND STATE DEPARTMENT OF HEALTH

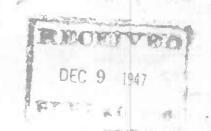
2411 N. Charles St., Baltimore

		CERTIFICA	TE OF DEATH Reg, Diat, No. 242	
1. PLACE OF DEATH:  County Prince George's  City or town Suitland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 15 years  Mospilat, institution, or street address where death occurred:  4813 Suitland Road  How long in hospital or institution?			State Maryland CountPrince George's  City or town Suitland  (If outside city or town limits, write RURAL and give nearest town)  Street No. 4813 Suitland Road  (If rural, give LOCATION)  2.(a) 11 veteran, name war.	
3. (a) FULL NAM		ne Emanuel Jones	3. (b) Social Security Number	
4. Sex Male	5. Color or race White	.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE DF DEATH. December 1 19 47 21 8:	
6.(b) Name of husband 7. Birth date ot		Jahe Jones  6.(c) It alive, give ageyea	21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from	
8. AGE: Years	s   Months	Days If less than one dayhrs	Immediate cause of death OURA	
10. Usual occupation  11. industry or busines	s Farm	3	Due to Due to Differ conditions Differ conditions	
		•	(Include pregnancy within 3 months of death)  Major findings of operations	
Address 31 (Burial, cremation Cemetery or cremator Location 24/	6 9th Stree	Jones  It N.E., Wash. D. ( Date thereof (month) (day) (year)  Lambers 60  Lambers 60  Carris Campbell.	Autopsy results	

MARGIN RESERVED FOR BINDING

PLEASE

A15 NS



PLEASÉ

A15 NS

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157a

115111

### CERTIFICATE OF DEATH

CERTIFIC	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State
Hospital, Institution, or street address where death occurred:	Street No. 1424-57 the Place (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME  Sharley anne	3. (b) Social Security Number
7. Sex Solor or race 6.(a) Single, Varied, widowed, or divorced Acade Ac	MEDICAL CERTIFICATION  20. DATE OF DEATH
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day hrs.	and that I last saw h
9. Birthplace (Town, county, and state)  10. Usual occupation.	Due to
11. Industry or business    12. Name	Dther conditions
14. Maiden name Cllo me muller 3.  15. Birthplace nouth Corolona	Major findings of operations
Address / ADY -5 9 & Place, Cholobou	Autopsy results
17. Burial, cremation, or removal. Which?)  Bate thereof. Sec. 3.7. 4.7. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Washington dr	Where did injury occur? (City or town) (County) (State)  injured al home, farm, industry, public place (where?)
18. Funeral director Myrthe R. Rollins Address 4339 Hunt Pl., n. 6,	Means of injury  Leptely malecal stayes  23. SIGNATURE.
19 Dec 2 19.47 Carrie F, Campbell (Date rec'd by registrar)  Regis	M. U. Fother

DEC 5 1947

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No ...

# CERTIFICATE OF DEATH

					Reg. Dist. No.
PLACE OF DE				2. USUAL RESIDENCE (HOM: (For newborn infants give residen	E) OF DECEASED:
County Prince George  City or town Hyattsville Md.  (If our side city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:		State Maryland countyPrince George City or town Hyattsville (If outside city or town limits, write RURAL and give nearest town			
nospital, institution, or	street 200ress where	death occurre	su:	Street No. 4409 Beechwo	OOC Rd.
How long in hospital o	r Institution?		······································	2.(a) it veieran, name war	
3. (a) FULL NAM	-				3. (b) Social Security Number
4. Sex	5. Color or race	S 6.(a)Sing	hnston Md	MEDICAL	L CERTIFICATION
Male	White		rried	20. DATE OF DEATH DOCUM	
6.(b) Name of husband or wife				October 15	ate above stated; that I altended deceased from 19. 47. to December 17. 19 December 17. 19
8. AGE: Years		Days	if less than one day	Jailine	
58			hrsmin.	8	
10. Usual occupation.  11. 'Industry or busines	and Org	Divi: ganis ohnst	sion Radiation im U.S. Gov.	Due to Carcus Constitution of the conditions	es g The
			ord	(Include pregnancy wit	hin 3 months of death)
14. Maiden name. 15. Birthplace			0.1. (I	Major findings of operations	
18. Informant	rs Virgi		ndes Johnston	Autupsy results	
17(Burial, cremation	or removal. Which?	Dale the	d. Hyattsville A	22. VIOLENCE: if death was due to exter Accident, suicide, or homicide  Where did injury occur?(City or to injured at home, tarm, industry, public pla	own) (County) (State)
1B. Funeral director.	I win of	00	bono Co	Means of Injury	Injured at work?
Address 30	D-4. El.	14	NE	23. SIGNATURE FLAM	k Jagzen M.D.
Dec 15 1947 Jam Serry Registrar				Address 5707 Wiscons	M. D. or other Date signed 12/18

	5. (b) Social Security Number	
[d		
ed	MEDICAL CERTIFICATION	400
	20. DATE OF DEATH December 17 1947 at 3	3 -0
ston.	21. I CERTIFY that death occurred on the date above stated; that laitended deceased from	112
years	October 15 10 47 10 December 17	
/ Cals	and that I last saw h. I lead alive on	19.7.2
	Immediate cause ul death Reagination Di	JRATION
	gailure 1	
min.		
	Due to Carcinomatores - involving	
	Junes, liver, bones	
ion	Due to Carcyona of The	
v.	liamid.	•••••
	Dither conditions .	
	Unner conditions.	•••••••
	(Include pregnancy within 3 months of death)	
	Majur findings of operations.	
	Daie of op.	
-000		
on	PHYSICIAN: Please underline the cause to which death should be charged statistical	lly.
lle M	22. VIOLENCE: if death was due to external causes, fill in the tollowing;	
947	Accideni, sulcide, or homicide	
year)		
	Where did Injury occur?	***************************************
	injured at home, tarm, industry, public place (where?)	
	Maans of Injury Injured at work?	
	4 11 4 9	
	23. SIGNATURE Frank Jagzers MD.	
	M D or other	-/
Registrar	Address 5707 Wiscons are Date signed 12/1.	8/47

information carefully of death clearly and

Supply every item of ease write the causes

RESERVED FOR BINDING MARGIN

> A15 SA

PLAINI

WRITE

PLEASE



30,000 11 24 25 25

2411 N. Charles St., Baltimore

115112 No. 2,34

### CERTIFICATE OF DEATH

CDICK II TOIL	Reg. Dist. No.
1. PLACE OF DEATH:  County Prince George To	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State manyland County pine younges (
How long in above place of death?  Hospital, institution, or street address where death pocurred:	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 7.3.0 You Street No. 8.
How long In hospital or Institution?	(If rural, give LOCATION)  2.(a) It veteran, name war
Mary J. Kerby	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale white judowed	20. DATE OF DEATH Dec 19 19. 47, 21 4 P.
6.(b) Name of husband or wife Salan 74. Resty	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dec / 8 19 47 to Dec /9 19 47
7. Birth date of	and that I last saw h. evalive on Doc 5
ueceaseu (mo., day, yi.)	Immediate cause of death
8. AGE: Years Months Days If less than one day  11 / S	Cerebral Towardage 2 day
9. Birthplace Charles to maryland (Town, county, and state)	Due to Gaveral arter and
	V Selesour Many
1D. Usual occupation	Due to
11. Industry or business	
12. Name William a, mudd	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name and towned to manyland	Major findings of operations.
\$ 15. Birthplace Charles to manyland	Date of op.
16. Informant Muss Grace Kelly	Autopsy results
Address 7300 - offen will Ads & ma'	
17 Buriel Date thereot Dec , 22-194;	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
(Burial, cremation, or removal; Which?) (month) (day) (year)	Where did injury occur? (City or town) (County) (State)
Location Broad Greek manyland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Pather E Suniform R	Meens of Injury tnjured at work?
	A
Address 2007- pichoto art S.C.	23. SIGNATURE TO COLON GOLD M. Ibor other
19. Ple 20 14/2 Amale 9 Grace Registrar	Address Tellunglan Jacate signed 10

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information cares ant. Physicians: please write the causes of death clearly

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

A15 VS



11503

### CEDTIFICATE OF DEATH

		CERTIFICA	Reg. Dist. No. 201
I. PLACE OF P	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Che	יי [ייסער		State Md. county Pr. Geo.
(1:	f outside city or town	limits, write RURAL and give nearest town)	CostTond
How long in above pla	ice of death? 24d	ays	City or town OULOGIAC  (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution.	or streel address when	e death occurred:	Street No. 2718 h3rd Place
Pr. Geo.	Gen'L		(If rural, give LOCATION)
How long in hospital	or institution? 24	days	2.(α) If veteran, name war.
3. (a) FULL NAI	ME		3. (b) Social Security Number
	,Mrs.Kathe		3. (0) Secial Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F	W	W	
			20. DATE DE DEATH 12-29- 15-17 at 12:20a M
6.(b) Name of husban	nd or wife		21. I CERTIFY that death occurred on the date above stated; that Laffended deceased from
			1000
7. Birth date of	Dog 20	6.(c) if alive, give ageyea	and that I last saw her alive on Dec 78
deceased (mo., day	1, yr.) Dec. 27	-1011	
8. AGE; Yea	ars   Months	Days   If less than one day	generalized Carcinome for 5 mg
69		hrs. min	gorocco za cocouswasou s ma
9. BirlhplaceV	a, (Town	•••••	Due to Carcinoma & Orland 10 year
	(Town	n, eounty, and state)	
fD. Usual occupation	loue		Busto
1f. Industry or busine	ess		9
	Остова	Bradley	Cara a Maria O MARIA A A Dan Air
12. Name			Dther conditions
		eland	(Include pregnancy within 3 months of death)
f4. Maiden nam	. Katter	ine Rigney	
f4. Maiden name	10		Major findings of operations.
		reland	- Date of op.
f6. Informant Mr	s. Irene	Eagleston	. Aotopsy resolts
27	18 113rd PT	ace, Suitland, Md.	PHYSICIAN: Please coderline the caose to which death should be charged statistically.
19	1	/ 1	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
17 / Umo	on, or removal. Which	Dale thereof 2/29/47 ?) (month) (day) (year)	Accident, suicide, or homicide
(Burial, crematic	on, or removal. Which	7) (month) (day) (year)	
Cemetery or crema	atory	Q	Whera did Injury occur?
Location	Vachunst	w. D.C.	Injured at home, farm, Industry, public place (where?)
LUCATION			Means of injury / Injured at Mork?
fB. Funeral director.	LU LO.	Chimico U.	means or injury Injured at mork?
Address 5	17-11	Th 14 5 E.	10 0071 Luga Tus
Montess /	// //	04/	23. SIGNATURE & AMULEY / Magare Total
10 /2/0	29 ,47	amanda Dourses	MyD, or other
(Date rec'd by r	registrar)	Registra	Address Mr Caully, Was Date signed clar 79, 190

MARGIN RESERVED FOR BINDING

NFADING INK. Supply every item of information carefull nt. Physicians: please write the causes of death clearly and

PLEASE WRITE

The state of

RECEIVED

DEC 30 1947

本的 ·

PLEASE WRITE PLAINL

SA

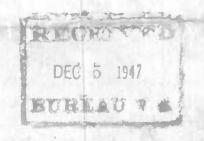
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

11504 Reg. Diat. No. 23/

City or townChe (14  How long in above plathospital, institution, or Prince G	e George's  verly outside city or town I ce of death? 20 do or street address where	imits, write I ays death occurre	RURAL and give nearest town) d: cospital	(If outside city or town limits, write RURAL and give nearest town)		
3. (a) FULL NAM				*	3. (b) Social Security	Number
Kestler	Mr. Albert	C.	e, married, widowed, or divorced			
M	W	S		MEDICAL 2D. DATE DF DEATH. 12-3 -	CERTIFICATION	at 6:07a M
		6. (	c) It alive, give ageyears	21. I CERTIFY that death occurred on the date	above stated; that I attended dece 19. 47, to Dec Doc 3	3 19 4 7
8. AGE: Yea 41	rs Months	Days	It less than one day	Immediate cause of death		URATION 4+ Mos
11. Industry or busine	Unemploye	arry	state)	Due to		
15. Birthplace	agne	Pa	Keck	(Include pregnancy within Major findings of operations.  Autopsy results.	Date of op.	, Reefun
	asfing	Date ther west	Lec 8, 1947  (projeth) (day) Ayear)  Lec 8, 1947  (projeth) (day) Ayear)  Lec 8, 1947  Agence 19	22. VIOLENCE: It death was due to external a Accident, suicide, or homicide	causes, till in the tollowing;	(State)
19. 200	4 19 4 7	an	ande Downey	23. SIGNATURE TO Parmer.	/ 44 //	or other



11.15

MARGIN RESERVED FOR BINDING

Evide	nce	for	the	chan e	of
date	of b	irth	is	shown	on
G	114	1/13	5/48	pc	

1. PLACE OF DEATH: Govern

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	a	10	6	1	1
1	1	1)	1	3	U
1	J.B.	-			

### CERTIFICATE OF DEATH

E OF DEATH	Reg. Diat. No. 745
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED: of mother) - Leo.
City or town Best Hya	tt Sville nits, write RURAL and give nearest town) herleg Kd.
(10 manual mi	In LOCATION

(If outside city or tow limits, write RURAL and give nearest town)  How long in above piace of death?  Hospital, institution, or street address where death occurred:  3//2 / Lunderley Road  How long in hospital or institution?	City or town Sest Ay att Sville (if outside city or town limits, write RURAL and give nearest town)  Street No. 3// 2 Kundelley (If rurai, give LOCATION)  2.(a) It veteran, name war.		
3. (a) FULL NAME VIOLA Elizabeth King	3. (b) Social Security Number		
4. Sex 5. Color o Cace 6.(a) Single, married, wildowed, or divorced  W	MEDICAL CERTIFICATION  20. DATE DF DEATH		
6.(b) Name of husband wife Maurice Heury Lung  6.(c) It alive, give age 58 years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  59 57 3 20 hrs. min.  9. Birthplace (Town, county, and state)  10. Usual occupation House (Town, county, and state)  11. Industry or business  12. Name Charles E DC  13. Birthplace Wash DC  15. Birthplace Wash DC	Immediate cause of death  My O Candral Jufacetion 6 V  Due to		
16. Informant Maurice H/ King	Autopsy results		
Address 3/12 Register Reg Res 17 Burial  17 Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Ft. Lincoln Cemetery  Location Dans Mann Mann	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
18. Funeral director			

	MEDICAL CERTIFICATION				
2D. DATE DF OEATH	Dec	- 25	19.4	7 11 4:45	
21. I CERTIFY that death Sept and that I last saw here	occurred on the dat	e above stated; 1947 to Dec	that I affended to Dec. 23	deceased from 25 19 4	
Immediate cause of dea					
Due to Covor	iary He	art-D	vience	5 yea	
Due to		•••••			
Other conditions					
(Includ	e pregnancy withi	in 8 months of	death)		
Major findings of opera	tions				



Seft Therese Co

2901-1426716

, , , , , , , ,

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF I	Prince	George	es	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
City or town(  How long in above pl Hospital, Institution,	Glenn If outside city or town i lace of death? , or street address where Glenn Da	Dale l one day death occurred le Sana	Jany land URAE and give nearest town) Latorium			
How long in hospita	or institution?On	e day	······································	2.(a) If veteran, name war		V
3. (a) FULL NA		E. PEN	RCY EARL		3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced		ERTIFICATION	C-3
Male	White		Widowed	20. OATE DE DEATH.	19.42	., at
			erson Leake	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/5 19.47.		
7. Birth date of		er 4.	c) tf alive, give ageyears	and that I last saw h Aller alive on		
deceased (mo., d: 8. AGE: Y	ears Months	Days	If less than one day	Immediate cause of death fullens	Crlosis	6 ruly ?
75	75 1	2	hrs min.	7		
10. Usual occupati 11. Industry or bus 至 12. Name	Samuel J.	ty Wor	k	Due to		
14. Maiden na 15. Birthplace	Helen Bo	yd Virgi	nia	(Include pregnancy within 3 r		
	Deceased	***************************************		Autopsy results	hich death should be charged	statistically.
	tion, or removal. Which		eof. 12/8/47 (month) (dag) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)	(State)
18. Funeral direct	on Donel	Seo	firmane, Sup	Means of Injury	Injured at work?	. 2.00
19. De	y registrar	Kom	land S. Philips	23. SIGNATURE Daniel A	eo fruice Mayate signed	12/6/47

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING



\* 38. 3

WRITE PLAINLY is especial

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

921

11507

## CERTIFICATE OF DEATH

Rog. Diat. No. 331

1. PLACE OF DE	ATHICE Geo:	rges		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
h-	ladensbu	°E	***************************************	State Maryland Prince Georges
(11	outside city or town liz	nits, write H	URAL and give nearest town)	Bladenshurg
How long in above place	e of death?14	yrs.	*	City or town
Hospital, Institution, o	street address where o	leath occurred	<b>!:</b>	Street No. 4701 47th st.
4701 47	UII SU.		***************************************	· (If rural, give LOCATION)
How long in hospital o	r Institution?		**************************************	2.(a) tf veteran, name war
3. (a) FULL NAM	E			3. (b) Social Security Number
	P	AARY	LEE	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	Colored	Sin	gle	20. DATE DE DEATH. Dec 9 19.47 at 12 2000
6.(b) Name of husband	or wile			21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
DE WALL		8.6	c) tf alive, give ageyears	Dee 5 19 47 10 Deeg 19 47
7. Birth date of			The state of the s	and that I last saw h
deceased (mo., day,		15, 1		Immediate capsed death DURATION
8. AGE: Year 66	s Months	Days	tf less than one dayhrsmin.	Chronic Endocarderis 2 you
T	Rladenchui	re Mi	d.	
9. Birthplace	Bladensbur	county, and		Due to assure Lead Carmina Lyca,
	At h	ome		
10. Usual occupation.		***************************************		Due to
11. Industry or busines				
12. Name				Other conditions
13. Birthplace	Md.		•	•
# 14. Malden name				(Include pregnancy within 3 months of death)
14. Malden name	Md.			Major findings of operations
7	Malinda B	rown		Autopsy results.
16. Informant			sburg, Md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
13.			01/2/12/47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation	o, or removal. Which?)	- Date there	(ponth) (day) (year)	Accident, suicide, or homicide
Cemetery or cremat	methodo	at an	netery	Where did Injury occur?
BI		, h	26 1	
Location	adensoya	17		Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director	J. Dads	uso x	Jano.	market with
Address Zhy	Marille,	ond	1	The series alloces & WO
1201	1 117	11	a la Source	23. SIGNATURE M. D. or other
19. (Date rec'd by re	gistrar) 197.	un	Registrar	Address 1/61 First et wes Date signed Dec 10/47
	-			7.7



# PLEASE WRITE PLAINLY, W

# MARYLAND STATE DEPARTMENT OF HEALTH

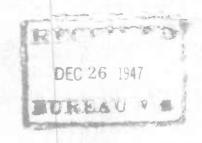
2411 N. Charles St., Baltimore

11508

# CERTIFICATE OF DEATH

eg. Diat. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince Georges		
City or town. Clerm Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. County	
How long in above place of death? 4 Mos., 16 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)	
Hospilal, institution, or street address where death occurred:		
Glenn Dale Sanatorium	Street No	
How long in hospital or institution? 4 mos., 16 days	2.(a) If veteran, name war	
3. (a) FULL NAME		
FRANK 1:TTI	3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced	E 579-05-3229	
	MEDICAL CERTIFICATION	
Male Colored Married	20. DATE OF DEATH. 20. 15 19.47 21 415 A.	
6.(b) Name of husband or wife Helen Little	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
\$.(c) If alive, give age 45 years	July 28, 1947 10 Dec 15, 1947	
7. 8irth date of 4mmil 20 1002	and that I last such in alive on Day 14, 19 47	
deceased (mo., day, yr.) April 29, 1903	Immediate cause of death DURATION	
8. AGE: Years Months Days If less than one day	Pulmovay Tulesculous 7 1910	
14 44 7 16min.		
8. Sirthplace Waynesboro, North Carolina (Town, county, and state)	Due to	
10. Usual occupation Laborer	Due to.	
11. industry or business — — —	<b>500</b> (0	
E 12 Name Samuel Little	Other conditions	
12. Name Samuel Little 13. 8irthplace ? North Carolina		
	(Include pregnancy within 3 months of death)	
14. Maiden name Cora Tyson  15. Sirthplace ? North Carolina	Major findings of operations.	
∑ 15. 8irthplace	Date of on.	
16. Informant Deceased	Autopsy results.	
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, till in the following;	
17. Date fhereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Washington	Where did injury occur? (City or town) (County) (State)	
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director Malvau + Schey des	Means of injury injured at work?	
Address 424 R. St. W.W.	(1) . 00 11.	
0 - 0 00000	23. SIGNATURE & avel 6, 20 + weecome Mx	
19 Dec 13 19 47 Nowlands Things	Address & Lema Dale Md Date signed 12/15/4	
(Date fee d by registrar) Registrar	Address Date signed   Date signed	



PLAINLY, v

WRITE

PLEASE

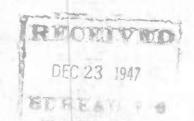
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.

County Prince George City or town Hyattaville, Md. (If outside city or town limits, write RURAL and give neared) How long in above place of death? Hospilal, Institution, or street address where death occurred:	state M.Q. county Frince George  City or town Hyattsville, Md.
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Anna Ellen Lyons	578-32-3140
4. Sex   5. Color or race   6. (a) Single, married, widowed, or d Female   White   Single	
6.(b) Name of husband or wife	
8. AGE: Years Months Days If less than one day	Indegrate cause of death 3 man 3 ma
74hrs.	min.
9. BirlhplaceOklahomaOklahoma	Due fo
12. Name Lyons Lyons 13. Birthplace Canada	
14. Maiden name	(Include pregnancy within 3 months of death)  Major findings of operations
16. Intermant PS. LaFrance Address 4012 30th St. N.E.  17. Birial Date thereof (month) (da (month) (da	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) (month) (da	Where did Injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director. The S. Wires	Co. Means of Injury Injured at work?
19. LOC. 20 19 H. Mar. Jas. D	23. SIGNATURE



PLEASE WRITE PLAINLY is especial

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

# CERTIFICATE OF DEATH

11510 Reg. Dist. No. 213(

	Atog. Diet. Ho.
1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or town Cheverly (1f outside city or town limits, write RURAL and give neare	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)  Street No. 3902 Jefferson
How long in hospital or institution? Li days	(If rurnt, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles L. Martin	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or display male white married	MEDICAL CERTIFICATION
	20. DATE OF DEATH December 30, 1947 19 21 4:45
6.(b) Name of husband or wife Mary Martin	12-24-7) 19 10 12-30 19.7/
7. Birth date of	and that I last eaw h J. 27. alive on
deceased (mo., day, yr.) July 2, 1907  8. AGE: Years   Months   Days   If less than one day	Immediate any death Ne new DURATION
40 5 28hrs.	min. August July 8day
9. Birthplace Washington, D. C. (Town, county, and state)	Due to.
10. Usual occupation Painter	Nue to
11. Industry or business	
12. Name Charles P. Martin	Conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lotte Graves.  15. Birthplace Washington D. C.	Major findings of operations
16. Informant Hospital records	Antopsy results
Address	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burish, cremation, or removal, Which?)	y) (year) Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director Sum Lee Sons &	
Address, 200 4th St ME	Le Pranche
19. 12/3/ 1947 & temanda De (Date per de by registrar)	23. SIGNATURE M. D. or other M. D. or other Address Address M. D. or other M. O.

JAN 2 1948

2411 N. Charles St., Baltimore

940

11511

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 6 Laurs	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street addressywhere death occurred:	- A VI n : 1/
Pr Acs. Hen'l Hosp.	Street No. 5.1.2. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
mc Cready, mr. John	
4. Sex   5. Color or race   16. (a) Single, married, widoword, or divorced	MEDICAL CERTIFICATION
m w m	20. DATE OF DEATH 12 - 19 19 47 3 5
6.(b) Name of husband or wife	21. I CERTIFY that geath occurred on the date above stated; that I attended deceased from
	December 12 th 19 47 10 Meccales 19 19 47
7. Birth date of years	and that I last saw h ' un alive on Decelus bee 18 to 19 47
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronary thrombosis 4. th 7 San
6 / L. min.	myo carbal infaction
Ares (Alasia D	1.1 1 01
9. 8irthplace (Town, county, and state)	Due to savay Heart of real yes
10. Usual occupation Foreman	
00 111 1	Due to
11. Industry or business A.C. Waller	
12. Name Cledrew // Cledrey 13. Birthplace	Other conditions
14. Maiden name Lessine Bluse	(Include pregnancy within 3 months of death)
14. Maiden name Jennie Bluse  15. Birthplace  Pa	Major fiodings of operations.
El 15. Birthplace	
16. Informant Cay Mc Creaky	Autopsy resolts
Address 3127 Parlement Chemerly md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 10 10	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriol, cremation, or removal, Which)	Accident, suicide, or homicide
Jan La Lander Cerette	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director WW Conaculus Co	Means of injury Injured at work?
Address Princhallened	23 SIGNATURE Romald S. Fleizeles, by. O.
10/11 117 /1 1	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address 5401-35-Ave Hyatto who signed 12-19-9

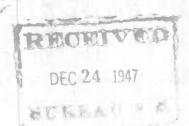
DING INK. Supply every item of information carefully. The correct age hysicians: please write the causes of death clearly and legibly.

FOR BINDING

RGIN RESERVED

PLEASE WRITE

VS A15



### 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11512

Reg. Dist. No. 23/

ш		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
l	county Properly Georges	(For newborn infants give residence of mother)  State Marshaud County Prince Goas 9
	(If outside city or town limits, write RURAL and give nearest town)	0 10
H	How long In above place of death? . Clear on arrival	(If outside city or town limits, write RURAL and give nearest town)
H	Hospital, Institution, or street address where death occurred:	Street No. 4207 - Newton Street
		(If rurai, give LOCATION)
	How long in hospital or institution?	2.(a) It veteran, name war
		em e Vay 3. (b) Social Security Number
I	4. Sex 5. Color ox face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	tende white bloomed	20. DATE OF DEATH blecenher 29.19.47, 31 4 30
	6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
l	7. Birth date of deceased (mo., day, yr.) May 17. 1910	and that I last saw halive on
	8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
	37hrsmin.	Level compature heart
	Breatived III	Due to Man search and
I	9. 8irihplace(Town, county, and state)	DUE TO
	10. Usual occupation Aousewift	Due to
	11. Industry or business	, A 1
	12. Name Conne	Other conditions Certain & Ina Chom
		(Include pregnancy within 3 months of death)
I	14. Maiden name alent mehals  15. Birthpiace Colombia had	Major fiediogs of operations.
I	15. Birthplace Odenton, his	Date of op.
	16 Informant matters S. m- Keown	Actopsy resolts Outopsied
I	Address Brentavand had	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
	Busial Neg 21, 1947	22. VIOLENCE: If death was due to external causes, till in the following:
	(Buria), cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
	Cemetery or oversetory Storge washington	Where did injury occur?
	Location Derivyn Md	injured al home, farm, Industry, pub <sup>11</sup> c place (where?)
	18. Funeral director of Gascha Sony	Means of Injury injured 2t work?
	Address styattsville Ind.	respect herding town
	10/00/10/10	23. SIGNATURE. OI. D. or wher
	19. 2/30 19.47 Umanda Wouney (Date regid by registrar) Registrar	Address trestall no Date signed 2 . 29 - 1

BINDING

RESERVED

S



2411 N. Charles St., Baltimore

11513

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lefants give resideee of mother)
City or town 4803 Wood Lawn Drive Landow Hill	State D. County Primer Strange
(If outside city or town limits, write KOLAL and give nearest town)	- O-11.7/200-
How long in above place of death?	City or town (If outside city or towe limits, write RURAL and give perest town)  Street No. 4803 Washington Drive.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME NELLIE PERRY	MILLER 3. (b) Social Security Number
4. Set 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J W. WIDOW.	20, DATE OF DEATH 12-26-47 19 at 668 P
8.(6) Name of husband or wife RICHARD C. MILLER	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  11 - 1 - 4 7 19 10 12 - 2 6 19 4 7
7. Birth date of A A C 2 / 19 C C	and that I last saw h. C. F. alive on 12-24-47
7. Birth date of deceased (mo., day, yr.) A 06, 26 1865	Immediate cause al death Loart failure BURATION
8. AGE: Years Months Days If less than one day	yes
9. Birthplace CLEVELAND OHIO,	Due to Pulm Slega
18. Usual occupation A.T. HoME	Due to arteris - Solewho heat
11. Industry or business	discrete
12. Name. WILL/AM H PERRY  13. Birthplace ENGLAND	Other conditions
	(Inclede pregnancy within 3 months of death)
	Major fiadiogs ol operationa
E 15. Birthplace ENGLAND	
16. Informant	Autopsy results
Address 7 8 3 Woodlawn & rene	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Barkal, eremation, or removal. Which?)  (Barkal, eremation, or removal. Which?)  (moeth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Crice Person	tnjured at home, tarm, Industry, public place (where?)
18. Funeral director and Glawlers Sans	Means of injury Injured at work?
Address 1756 Renn que. M.W. Washin	Con CIONATURE Danton & Watter mod
LORG 27 .44 Cours Sever	23. SIGNATURE 23
(Dato rec'd by registrar)  Registrar	Address 204 Cenn com a Date signed 12-21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. IARGIN RESERVED FOR BINDING

VS A15



, b

AND AND THE RESERVE OF THE PARTY OF THE PART

PLAINLY, V

PLEASE WRITE

(ARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11514

### CERTIFICATE OF DEATH

Reg. Dist. No. 243

		Reg. Dist. No	
1. PLACE OF DEATH:  County Prince Geo:	rges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Glenn Dale (If outside eity or town limits, write How long in above piace of death? 7 years Hospital, institution, or street address where death occur Glenn Dale Sanato: How long in hospital or institution? 7 years,	, 10 months, 17 day rid: rium	State D. C. County  City or town Washington  (If outside city or town limits, write RURAL and give ne  Street No. 1355 You Street, N. W.  (If rural, give LOCATION)  2.(a) It veteran, name war.	arest town)
3. (a) FULL NAME	MERY LDA	3. (b) Social Security	Number
4. Ses 5. Color or race 6.(a)Si	ngie, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE DE DEATH	540 pm
6.(b) Name of husband or wife James.  7. Birth date of deceased (mo., day, yr.)  Nay 3, 1900	6.(c) If alive, give agea.bout. 5.7 years	21. I CERTIFY that death occurred on the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; that t attended decided to the date above stated; the date above stated to the date ab	ased from
8. AGE: Years   Months   Days   45   45   7   2	It less than one dayhrsmin.	pulmonary tuberculosis	12 yrs.
9. Birthplace Washington. D. (Town, edunty, and 1D. Usuat occupation Housewife  11. Industry or business  12. Name Wilbur B. Nelson. 21. Birthplace Washington, D.	• C.	Due to	
14. Maiden name Lucy Carpents  15. Birthplace Orange, Virg:  Deceased		Major fiedings of operations	
16. Informant	hereot Dec 6, 1947. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory  Location  18. Funeral director  Address  19.  Control  Contro	arrow Co.  Wash, dec.  Wash, Registrar  Registrar	Where did Injury occur?	(State)  (State)  (State)  (12/5/47)

DEC 17 1947

MARGIN RESERVED FOR BINDING

PLEASE WRITE VS A15

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11515 Reg. Diet. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)
County Prince George	
Cheverly (If outside city or town limits, write RURAL and give	state Maryland county Prince George
How long in above place of death?22hrsand30 mi	
Magnital Institution or street address where death occurred:	5003 W Tambam Dwitza
Prince George's General Hospital	(If rural, give LOCATION)
How long in hospital or institution? 22 hrs. and 30 m	in <sub>ε</sub> 2.(α) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MR. GEORGE, MORGAN	
4. Sex 5. Color or race 6.(a) Single, married, widowed	d, or divorced MEDICAL CERTIFICATION
Male White Widowed	d 20. DATE DE DEATH. December 18, 19 47 31 11:004
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	years October 7 1947, 10 Dec 18 1947
7. Birth date of deceased (mo., day, yr.)  Jan. 16, 1869	and that I last saw h alive on
8. AGE: Years   Months   Days   If less than on	Immediate cause of death leave DURATION
78 11 2hrs.	Myperferience curdio renal
	design distribution of the state of the stat
9. Birthplace Maryland (Town, county, and state)	Due to Ch glan es do me fl mili
1D. Usual occupation Retired farmer	Due to
11. Industry or business	
12. Name John Morgan	Diber conditions
13. Birthplace	ent ventuals
	(Include pregnancy within 3 months of death)
14. Maiden name Class	Major findings of operations.
14. Maiden name Eliza Quade  15. Birthplace  Md	
16 Informant Richard F. Carter(Son-in-la	Autopsy results Welma will flowerulouplinks
Address 5003 W. Lanham Dr., W. Lanham	Association and the second sec
Address Joseph Manual Date of the Detilition	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlar crimation of removal, Which?)	22/14/
1/1-20/./.	
Cemetery or crematory	Where did injury occur?
Location Moganina In Marys	G. Md Injured at home, farm, Industry, public place (where?)
It Hanali 6	Means of injury Injured at work?
18. Funeral director	
Address Syallsville	sud 23. SIGNATURE George ) Haginge
92-20 47 April 10	M. D. or other,
19. Dec 20 194 munda K	Registrar Address 3717-39 4 Gree Date signed 12/18/4).



2411 N. Charles St., Baltimore

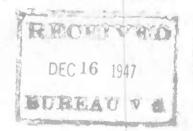
# CERTIFICATE OF DEATH

		216	
Reg.	Diat.	No.	

7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. m  9. Birthplace	
	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother).
City or laws The same I Day or I la	State Destrict of college bear
'(If oatside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How sould be desire himse as administration	Street No. / / 22 7 Sand Que nearest town)
Hyatlanla Jul	(If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME	Novarty 3. (b) Social Security Number
	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Decamber 1/ 1947, 21 3000
6.(b) Name of husband or wife Matulda Garrett	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
	s 19 10
7. Birth date of	and that I last eaw halive on
0. 1102.	Immediate cause uf death DURATION  Conorman thrombose's
a Righolace Brownsville, my	Due to Cardio Aneulas peral
10.0	Due to
	Dther conditions
	(Include pregnancy within 3 months of death)
The majorn name.	Major findings of uperations.
mantal a sound to	Date of op.
77 1	Autupsy results  PHYSICIAN: Please underline the cause tu which death abould be charged statistically.
Address Tyoung Wall 1847	22. VIOLENCE: If death was due to external causes, fill in the following;
11. Bate thereot (month) (day) (year)	Accident, eulcide, or homicide
Cemelery or crematory.	Where did Injury occur?
Location (Bladeneburg Ind)	Injured at home, farm, Industry, public place (where?)
18. Funeral director I Jasch's Sone	Meane of Injury Injured at work?
Address Atattaville md.	Aleganty medical years
1- 15 ()	23. SIGNATURE
Lee 13 ,47 Jams Derry	The tollier the

BINDING

MARGIN RESERVED



PLEASE WRITE PLAINLY

VS A15

ARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

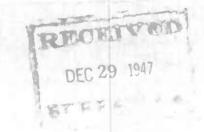
2411 N. Charles St., Baltimore

131a

# CERTIFICATE OF DEATH

Reg. Diat. No.

City or town. (If outside city or town limbs, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address when death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	
Jours Harry nes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white morried	20. DATE OF DEATH Lec 22 1947 at 1215/
6.(b) Name of husband or wife Erika nesling	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 7. 9 / 8 85	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION  Ocyte Congestive Conf
hrsmin.	Jackine
9. Birthplace (Town, county, and state)	disease disease
10. Usual occupation.	Due to
11. Industry or business	
12. Name Reace Tresline  13. Birthpiace Baltimae md	Diher conditions
E C	(Include pregnoney within 3 months of death)
14. Maiden name Change Services	Major findings of operations.
≥ 15. Birthplace V Sallymon, Man	
16. Informant Mas Critica Pestine	Actorsy results
Address 4 417. Van Juren At unwende	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 Cernstal Date thereot Size 22, 194) (Burial, cremation, or removal, Whick?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Saffell Luneral Home	Where did injury occur?
Location 475 - If st h. w washingt	though at home, farm, industry, public place (where?)
18. Funeral director I Seschia sons	Means of Injury Injured at work?
Address Styatherelle Ind;	Reputy medical come
1000, 27 / 42 Days Dollar	23. SIGNATURE M. D. W. D
(Date red by registrer) 1947 Janua Certa, Registrar	Address Horestulle Jed Bate signed 2 - 22-47



PLEASE WRITE

SA

the correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

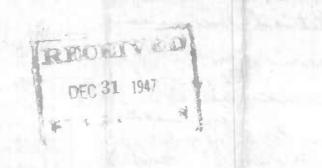
2411 N. Charles St., Baltimore

11518<sub>245</sub>

Reg. Dist. No. 220

### CERTIFICATE OF DEATH

1. PLACE OD DEATH: See- Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	0
County Granbelly	State State County Ox. Tes	0.
(If outside city or town limits, write RURAL and give nearest town)	Gran hele	
How long in above place of death?	City or town	est town)
Hospital, institution, or street address where death occurred:		
	(If rurat, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) EVIL NAME V	3. (b) Social Security N	lumber
Cooler ariur rige		
4. Sex 5. Color or race 8.(2) Single, married, widowed, or divoserd	MEDICAL CERTIFICATION	21
m w marries	20. DATE OF DEATH /2 - 23 - 19 47	432
6.(b) Name of husband or wife Care M. Nye		sed from
S.(c) It alive, give ageyears	Ogral 1945 to recumbe	760 19 7
7. Birth date of	and that I last saw h. 7.27 alive on Deleus ber 22,	19.47.7
deceased (mo., day, yr.)	Corry exhive reart for lune	OURATION
8. AGE: Years Months Days If less than one day	Congestive rear for cure	3 months
hrsmin.		****************
Bablager Careada	Due to Appertensive cargo renal	<b>A</b>
(Town, county, and state)	d'oliseage	3 years
10. Usual occupation. Meticed Salvanear	Due to.	
11. Industry or business	0	
	Other conditions Rec wrong hemarranges from	. 1
12. Name Muchusewar Euro Lucil	winer bladder after heurtante ktory	18months
	(Include pregnancy within 3 months of death)	
14. Maiden name.	Major findings of operations.	
15. Birthplace Legisted	Date of op.	
16 Informant Cers M. Ny &	Antopsy results	
FAR ALL AND	PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
Address 3 - C - Varkway RX Trendell with	. 22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, cremation, or removal, Woch?)  Date thereot	Accident, suicide, or homicide	
tout with work De	Where did Injury occur?	
Cemetery or cremated		(State)
Location MOTO Charister G	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director. (Russeldle w.	Means of Injury Injured at work?	
	H. 11. 1.1. M.	1.1
Address	23. SIGNATURE There Woodaka M	• • •
bec 36 1947 Janns Derry	30-B Pridge Red Breez Bell Was	2-23-4)
(Date rec'd by registrar) Registrar	Address	6-62-7



H-10 20 - 55 24

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11519 Reg. Diat. No. 245

	100.000
1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Rine Iale	Stale Maryland County Pro Georges
(If outside city or town limits, write KUKAL and give nearest town)	
How long in above place of death? Wead on arrevel	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 4631 Woodbury Rd
	(Ifrural, give LOCATION)  2.(g) It veteral, name war
Hew long in hospital or institution?	2.(a) It veterad, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Richard Penn	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 12.10 A
male white Single	20. DATE OF DEATH. 12 - 29 1 19.47 21
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
7. Birth date of Bross 17. 3.0.3.0	and that I last saw h alive on 19
deceased (mo., day, yr.) May 3, 1919	Immediate caose of death DURATION
8. AGE: Years Months Days It less than one day	Manager Color of death and
28hrsmin.	
9. Birthplace	both legs, plus and hela
	(Include pregnancy within 3 months of death)
14. Malden name Nellie M. Pickeral 15. Birthplace Md	Major fiedings of operations
	Date of op.
16. Informant Mr Maurice Weeks	Aotopsy resolts
Riverdale Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Lec 31, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?)  Date thereol	Accident, suicide, or homicid
Cemetery or cremetery Cedar Ifile	Where did injury occurr (City & town) (County) (State)
sittand Ind	(City town) (County) (State)
Location / Co	
18. Funeral director Lache Sons	Maart & Chief College
Address Syallsville And	mapuly made of many
10 and 2 . " . " . "	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Interlule Holate signed 12-794



2411 N. Charles St., Baltimore

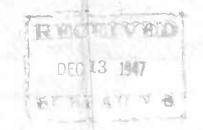
460

1	CERTIFICAT	TE OF DEATH Reg. Diat. No. 23		
1	1. PLACE OD DEATH:  County  City or town  (If outside city or town imits, write RURAL and give nearest town)  How long in above place of death?.  Hospital, institution, an street address where death occurred;  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants of e residence of mother)  State  County  City or town.  (If out de city or town limits write RURAL and give nearest town)  Street No. 5.6.00 43 416  (If rurai, give LOCATION)  2.(a) It veteran, name war.	10000	
	3. (a) FULL NAME Prene Oline Peters	3. (b) Social Security Number		
	4. Sex  5. Color or race  8.(a) Single, married, widowed, or divorced  Wilaw	MEDICAL CERTIFICATION  20. DATE DF DEATH / 2 - / 0 19.47, 2/ 4	0	
	6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day hrs. min.  9. Birthplace Arown, county, and state)	and that I last saw h allve on Des 19 4  Immediate cause of death DURATIO  Due to.	2	
	11. Industry or business  12. Name	Dither conditions  (Include pregnancy within 8 months of death)  Major fiedings of operations  Date of op. Dec. 6//S  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.	4)	
	Addre SOGO 48 - White Society of the society of crematory. The society of crematory of the society of the socie	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide		
	Address Assielle - ell 19. /2// 1947 Amanda Daurey (Date rec'd by registrar) Registrar	23. SIGNATURE COOK LEEP-  M. D. or other  Address Hyethseelde No. Date signed 12-10-4.	)	

WRITE

PLEASE

VS A15



CI	2411 N. Charles St., Balti ERTIFICATE OF		1152 Reg. Dist. No	21
1. PLACE OF DEATH:  County:  Capitol Heights  (If outside city or town limita, write RURAL and gith with the county of the count	State (For m State )  City or town    Street No	Capitol Heigh (If outside city or town limits, w 406 - 59 th ave (If rural, give Lo	tts vrito RURAL and givo nes	Surrest town)
3. (a) FULL NAME  Kemp.  LILLIE MAE, POTT			3. (b) Social Security 57948-	Number 8891
4. Sex 5. Color or race 8.(a) Single, married, wido Wids		DEATH MEDICAL CER	TIFICATION 47	600
8. (b) Name of husband or wite Atonewall Jackson  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than The Company of the Compa	age	t that death occurred on the date above	stated; That attended dece	ased from
to. Usual occupation. Retried  tt. Industry or business	Due to		furtis	Co Mis
12. Name Anna G. Herry  13. Birthplace Montgomery lo  14. Maiden name Laura Thomps  15. Birthplace Montgomery C	Major findin	(include pregnancy within 3 mor		
Address 406 59th. Aug.  17. Burial, eremation, or removal. Which?)  Cemetery or crematory.	Cagulol PHYSICIAN  22. VIOLEN  (day) (year)  Accident, sui	nlts  Please underline the came to which  CE: tt death was due to external causes  icide, or homicide	h death should be charged s, till in the following:	
Location  18. Funeral director The S. H. Hines O		ome, farm, Industry, public place (where		
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIOCATU	IRE RICEAR	N W W D	Donut!

And the Mileson BROKLERD DEC 15 1947 SCHESU F &

2411 N. Charles St., Baltimore

11522

189

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Jungs	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County County
How long in above place of death? Aug Hospital, institution, or street address where death occurred:	City or town (if outside city or town limits, write RURAL and give nearest town)  Street No (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Jouise Powell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single-married, widowed, or divorced Single-married, widowed, or divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH  20, DATE OF DEATH  21, 21, 21, 21, 21, 21, 21, 21, 21, 21,
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Will 27,1947	and that I last saw h A alive on 19 DURATION
8. AGE: Years Months Days If less than one day  Research Months Days	Immediair cause st death  Nelcus alunis  Due to.
1D. Usual occupation	Due to
12. Name Joseph and Joseph 13. Birthplace Prolocale W Sa	Dther conditions.
14. Maiden name Arley Telloll 15. 8irthplace Alakes Sar	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Raylet a Provide Man	Autopsy results
Address Tourist Note 10 June 1994 1	22. VIOLENCE: It death was due to external causes, flil in the tollowing:  Accident, suicide, or homicide
Cemetery or cremotory Left Hill	Where did Injury occur?
Location of author Miles	Injured at home, farm, Industry, public place (where?)
18. Funeral directory March Ma	VIII Masses In D.
19 Med 29 1947 M. Brusheare (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other M. D. or other M. D. or other M. D. or other M. Date signed M. D. or other M. Date signed M. D. or other M. Or or other M. D. or other M. Or o

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

rrect age

PLEASE



Charlet.

PLEASE WRITE

NS

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

11523

## CERTIFICATE OF DEATH

Dist No. 245

	Reg. Diat. No	****************
1. PLACE OF DEATH: County George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside city or town limits write RURAL and give nearest town)	State Lad County Vina ge	ye:
How long in above place of death?	City or town	est town)
Hospital, Institution, or street address where death occurred:	Street No. 3904 - 38 · Street.	Cac 20111)
	(If rural, give LOCATION)	
How long to hospital or institution?	2.(a) If veteran, name war	
Jucy · Manie · C	3. (b) Social Security M	lumber
4. Sex 5. Color or rap 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Jem White married	2D. DATE DE DEATH	1753
(6, (b) Name of husband or wife allan. Curnell	21. I CERTIFY that death-occurred on the date above etated; that I attended decease	ed from
S.(c) If alive, give age 6 4 years	Feb 2 18 47,10 Wec	10 19 47
7. Birth date of (> 1882	and that I last eaw he alive on Kov /	8 1847
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   tf lese than one day	Immediate cause of death	DURATION
65 3 16	(See See See See See See See See See See	
Atesto City Va	Cecco vicentinas, como .	
9. Birthplace (Town, county, and state)	Due to Canada Van cala da ha t	***********************
10. Usual occupation / Housewife		
11. Industry or businese	Due to.	10410
12 Name William andorff.	Other conditions	1
12. Name William Cry dorff.  13. Birthplace Tinewah, Vall		••••••••••
# 14. Maiden name Saval Johnson	(Include pregnancy within 8 months of death)	
14. Maiden name Sarah Johnson  15. Birthplace Hineway, Ua	Major findings of operations.	
21 13. Birtinpiace	Date of op	
16. Informant	Autopsy results	atistically.
Address 3904 - 38 4. Brenland M	22. VfOLENCE: if death was due to external causes, fill in the following:	
17. Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Startheus City Comely	Where did injury occur?	
Motor C. A. In		(State)
Location Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director. 1506 Naculty 6	means of injury	
Address Riverdelle und	I have he	Sur
Alec 12 47 Janua Seven	23 SIGNATURE M. D. or	other
19. (Date rec'd by registrar) Registrar	Address Takeen Park Mel Date signed	2/14/47

DEC 15 1947

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11524 Reg. Diat. No. 242

<del></del>	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Para le Mon 36	(For newborn infants give residence of mother)
City or town	State. Mayland County Prince Send
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurnt, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Henry Jackson	Bice 3. (b) Social Security Number
4. Sex 5. Color or race 6.12 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowol	20. DATE OF DEATH Dec 15/h 147 2430 P
5.(b) Name of husband or wife. Dennie atriel	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	Oct 20 1945 to Dec 15 194
7. Right date of	and that I last saw harm alive on The 15th 184
deceased (mo., day, yr.)  Oct 27,13-63  B. AGE: Years   Months   Days   It less than one day	Immediate canne of death Cuebral Nemorrhag DURATION
84 1 18min.	V 8 hrs
O Crapina	men artina Sclerous
9. Birthplace. O (Town, county, and state)	Due 10.
10. Usual occupation Produce Inerchant	
1. Industry or business	Due to
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Maria ann Borber  15. Birthplace Organia	Major findings of operations
E 15. Birthplace Over gene	- Date of op
16. Informant Ether Rudy ( Darchto)	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Clynton Mid	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
1.19.1	
Cemetery or crematory Sunday	Whera did lajury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director & MITTO Lee Sons Co	Maans of Injury Injured at work?
Address, 3/00 WAX IX Me. De.	10 F11 2 A
Addiess of a how he will see the	23. SIGNATURE John & Blowers M. D
19 Lec. 16 19 47 Today 7. holling	Brancheusine md D. or other

MARGIN RESERVED FOR BINDING

age

VS

PLEASE WRITE

RECEIVED

DEC 23 197

BUREATINE

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### 83a CEDTIFICATE OF DEATH

1		2		7	2	7
	D.	 D:	+ No	4	')	Land

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED)
County Since Subject	(For newborn infants give resid nee of mother)
City or town	Slate Mary and County Smile Let 1
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	Streef No
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Master Dasse	4
4. Sex 5. Color or race 6.(a) Single, marfled, wildowed, or divorced	MEDICAL CERTIFICATION (15
male of the middle of &	20. DATE OF DEATH, Dec 25 18.4.7. at 11.5.4.
The first the second second	
8.(b) Name of husband or wife	21. I CERTIFY fhat death occurred on the date above stated: fhat I attended deceased from
	and that I tast saw h. Lun_altre on DO The Manual Transfer on The Ma
7. Birth dale of deceased (mo., day. yr.) That the 9-186.	Immediato cause of death Care as OURATION
8. AGE: Years Months Days If less than one day	Been a land from I
80 9 15pin.	- A Principle of the Control of the
9. Birtholac With Heys Va. Gu. Co., Md"	Due to General arteria
(Cown, county, and state)	Selesate aller
10. Usuat occupation	Due to
11. Industry or business /	
12. Name Assury A Sassura	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Mary M. Publons	
15. Birtholac Person Town, Chas. Co. M. A.	Major fiadings of operations.
11 15. Ormulage July and July 1	Date of op
18. Informant	Autopsy results
Addres 6 207 - Salehiel 6", Wash. 19 2	22. VIOLENCE: If death was due to externat causes, fill in the following:
17 Julia Date theyeot 18-47	Accident, sutcide, or homicide La Caralland Con Bate of Con
(Burial, cremation, or removed Which?)  Bate thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Localion Andrews	Injured af home, farm, industry, public place (where?)
18. Funeral director Talesia	Means of Injury Injured at work?
Address Mikes Enachologo Enal	3 - a- Vi Th
1 2 1 407 (8 8 12)	23. SIGNATURE M. D. co-other
19. (Date rec'd by registrar) Registrar	Addres I lashungton 19 De Date signed DEC 25
- VI-Car	1987

**REC** 27 1947

BUREAU WA

出口是规范自己是国际 医视光电影

PLEASE

SA

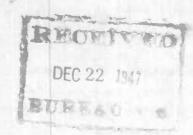
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

# CERTIFICATE OF DEATH

115239 eg. Diat. No. 239

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Tragel Stange	State Maryland county Pr. George
City or town. Gf outside city or town limits, write RURAL and give nearest town)	1 Pausel
How long in above place of death?	(If butside city or town limits, write RURAL and give nearest town)
515 Prime Glange St	Street No. 5 15 Presce Glacine Str.
How long in hospitat or institution?	2.(a) it veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Eliza Jame Scatt	
4. Sex 5. Glor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Widawed	20. DATE DE DEATH Steven for 17 1947 21 5:00 PM
6.(b) Name of husband or wife. William N. Scatt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
G,(U) Reine of Recount of Affective	September 10 18 46 10 Elecantar 18 47
7. Birth date of	and that I last saw here alive on Therenter 18 19 4)
deceased (mo., day, yr.) Stally 29 1872  8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Adl.	le hronic myseardelis. I year
75 4 19min.	
9. Birthplace (Town, county and atate)	Due to
1B. Usual occupation. Aurialização	
11. Industry or business Heart	Due to
	In the fifthe arthretes 8 year
12. Name Barney Farrage.  13. Birtholace Baltimane Phd.	Uther conditions 25
	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace Odenton Ad.	Date of op.
16. Informant tura Calelle Scall	Antopsy results
Address 5/5 /2. Jes St. danel Md.	
17 Burial Date thereof Dec 20 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal. Which?) (month) (day) (year)	Additional of the state of the
Cemetery or crematory	Where did injury occur?
Location Laurel, Hargand	Injured at home, farm, industry, public place (where?)
18. Funeral director De With Danaldsan	Means of Injury tnjured at work?
Address Laurel Ad.	D1.+129. 210
Dea 19 112 Son Paris	23. SIGNATURE MAN D. or other
19, Net /9 1947 / Masteuro Registrar Registrar	Address him It Samuel hodge signed 12/19/47



viured at work?

M. D. of the

...Date signed 1.2

CERTIFICAT	E OF DEATH Reg. Diat. No. 230
1. PLACE OF DEATH:  RRINCE GERGES  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  CAPID  Heights  (If outside city or town limits, write FURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If valeran, name war.
3.(a) FULL NAME MARIAN LINTON STANNER	
4. Sex  Female White MARRIED  6. (a) Single, married, widowed, or divorced MARRIED  8. (b) Name of husband or wife John Thomas  Tanner  T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  GO 3 3 hrs. min.  9. Birthplace MARY VII e Mo.  10. Usuat occupation.  11. Industry or business  12. Name William F. Snodderly  13. Birthplace NKNOWN  14. Malden name CLARA Lee ECKLEY  15. Birthplace NKNOWN  18. Informant FRANCES Lee Henning  Address 9500-52 Ave 3 Berwynt  17. Burtist  18. Wight, cremation, or removal. Which?)  Dato thereof Mark (morth) (day) (foar) (	MEDICAL CERTIFICATION  December 19 47, at
Cometery or crematory Coldan Fell Centerly	Where did injury occur?

Means of Injury

23. SIGNATURE

Address..

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The quarks of the causes of death clearly and legibly to be specially important. Physicians: please write the causes of death clearly and legibly to be specially important. MARGIN RESERVED FOR BINDING 9-45-15N

Location

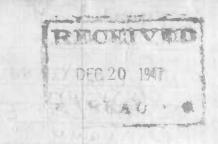
18. Funeral director

(Date rec'd by registrar)

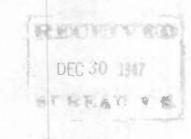
Address

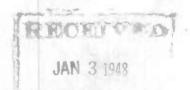
age

VS A15



			Birth and Death 11528		
	MARYLAND STATE DE	PART	TMENT OF HEALTH		
	CERTIFICATE OF STILLBIRTH Reg. Dist. No 245				
	A certificate must be filed within 24 hours for ever	y stil	l birth of 20 weeks' gestation or more (see stub)		
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:		
	County Trince George		State Mangland		
	City or town. River and City or town limits, write RUKAL and give nearest town)		County Pristed George		
	Street address, hospital, or institution:		(If outside city or town limits, write RURAL and give nearest town)		
	Leland memorial Aboutal				
lib	Length of mother's stay in County		Street No. 3101 Jacque St. (If RURAL give LOCATION)		
3.	Name of child Saley long Stuller	4.	Date of birth 12/25 199 Hour 8067 M.		
5.	Sex small 6. Twin or triplet sta	7.	No. of weeks pregnancy 36 xxxx		
	FATHER OF CHILD		MOTHER OF CHILD		
8.	Full name Ulinea Stueler	12.	Full maiden name Janet See Veeshour		
9.	Coloreschite 10. Age at time of this birth 20 yrs.	13.	Colore white 14. Age at time of this birth 29 yrs.		
11.	Usual occupation Triester	6.9	Usual occupation Nousewife		
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?		
			(c) How many other children were born dead flory		
17.	Did child die before labor? Md. During labor?		Cause of stillbirth Please he specific For terms like		
•	Pregnancy, complications of		prematurity, asphyxia, etc., try to add cause thereof.		
			(a) Fetal causes explorablactoric		
19.	Labor: (a) Complications of		(b) Maternal causes		
	(b) Induced? Mo.		plox		
20.	(a) Was there an operation for delivery? (Yes or No)	22.	I certify to the birth of this child who was born dead on the date and hour above stated.		
	(b) State all operations, if any		$\Delta I(I) \times I(I) \times \Delta $		
			Signature V. S. Schafflubef, pr. M.S. (Specify if M. B., midwift for other)		
	(c) Did child die before operation?		1 - 1		
-	During operation?	TP	Address 4408 Tuesday Rd, Kwidal, Jul		
23.	(a) Burial (b) Date thereof lie 27, 194 (Burial, cremation or removal)	25.	(a)(b)(Registrar)		
	(c) Cemetery or crematory of Lincoln	26.	(To be filled out if no physician was present at delivery.)		
24.	(a) Funeral director Society 2019		The above certificate has been examined by me.		
	(b) Address Syallerille my		Health Officer, per		





MUREAU

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

11530 Reg. Dist. No. 243

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland Prince George s	
City or town Bowie (If outside city or town limits, write RURAL and give nearest town)	State	
How long in above place of death? Transient	City or town BOW1 e (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Pennsylvania Railroad Tracks	Street No	
How long in hospital or institution?		
3. (a) FULL NAME	3. (b) Social Security Number	
William Thomas		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored Single	20. Date of Death December 6 1947 21 9:25P	
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give age		
7. Birth date of	and that I last saw halive on	
deceased (mo., day, yr.)  8 A.G.F. Years   Months   Days   It less than one day	Immediate cause of death	
8. AGE: Years Months Days tt less than one day	Hemorrhage and shock	
9. Birthplace Bowle, Md. (Town, county, and state)  10. Usual occupation Laborer	the skull	
11. Industry or business Railroad	Due to	
\frac{\varphi}{\varphi}\begin{array}{cccccccccccccccccccccccccccccccccccc	Other conditions	
	(Include pregnancy within 3 months of death)	
Emma Fleet		
Many I and	Major findings of operations	
16. Intermant Mary F. Henry	Autopsy results	
Address Bowie, Md.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.	
	Where did injury occur?	
17. Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)		
Cemetery or crematory ascension		
Cemetery of Crematory		
Location Down		
18 Funaral director Martins Flatures Joaco"	Maans of InjurySitting on track InjurySitting by	
Beer my	Dep. Med. Examiner Train	
Address Resident Me	23. SIGNATURE AMERICAN	
Deen 9 . 49 Miss V. W. Guigling	MOD, or other	
(Date rec'd by registrar) Registrar	Address Forestville, Md. Date signed 2/7/47	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINL

A15



2411 N. Charles St., Baltimore CEDTIFICATE OF DEATH 11531

			CERTIFICA	Reg. Diat. No.
1. PLACE OF D	EATH: Prince	George 1	S	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town (If outside city or town limits, write RURAL and give nearest town)		***************************************	State Maryland county Maryland	
City or town(I	outside city or town	limits, write R	URAL and give nearest town)	City or town
How long in above pla	ce of death?	days		
Hospital, institution,	or etreet addrees where George's G	e death occurred	•	Street No. 3709 Quincy Street
			***************************************	(If rural, give LOCATION)
	or Institution?	ouays		2.(a) If veteran, name war
3. (a) FULL NAI	ME			3. (b) Social Security Number
J	seph P. V.	an Over	meer	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION
male	white	wid	owed	20. DATE OF DEATH
				21. I CERTIEF that death occurred on the Bate above etated; that I attended deceased from
6.(b) Name of husbar	od or wife. Ell	a ///:		" " " 12 / 22
*************************		6.(	e) If alive, give ageyear	are 12/23 19/2
7. Birth date of deceased (mo., day	W) Now	22, 18	70	and that I last eaw h. J. M alive on
8. AGE: Yes		Days	If less than one day	Immediate cause of death DURATION
77	1	1	hrs min.	in The state of th
	1 1	1		III.
9. Birthplace	Detroit.	Michig	an	Due to D. Meser fen e drawt in 12/15/14
	motion			
1D. Usual occupation	L			Due to 2 affect them to a first the control of the
11. Industry or busin	A //			
불 12. Name	ankno	wn		Diher conditions
12. Name Unknown			(Include pregnancy within 3 months of death)	
# 14 Maiden name Unknown				(Include pregnancy within 3 months of death)
14. Maiden nam	eyw.a.was.wa.a.wa	\$	+1111000000000000000000000000000000000	Major findings of operations
				Date of op.
16. Informant	Mrs. J.F.	Mowatt	******	Autopsy result Language absences
Address 370	9 Quincy S	treet B	rentwood, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. 0	. 0			22. VIOLENCE: tf death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?)  Cemetery or crematory.  Date thereof. Sic. 1. 26, 1947  (month) (day) tyear)		(month) (day) (year)		
			Where did Injury occur?	
		10.C.	Injured at home, farm, induetry, public place (where?)	
Location	Vacania.	70		Meane of Injury tnjury tnjured at work?
18. Funeral director	Mely	1/0	cley/	meane of injury
Address 3	2-00-A/V	ave.	Mr. Rainer n	nd. h. Mariell
Houses OR	1	0	110	23. SIGNATURE M. D. or other
19. h/se	25 194	7 am	anda hourse	ey 717 7 911 11 11 12/22 /c
(Date rec'd by	registrar)	10	Registra	Addrese Date eigned

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

SA

PLEASE

DEC 30 1947

\*\*\*\*

PLEASE WRITE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

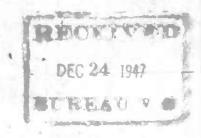
1310

11532

## CERTIFICATE OF DEATH

eg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Janes Georges	State Manhand County ruise glange.
(If outside city or town limits, write RURAL and give nearest town)	71 8-6
How iong in above place of death? 5 4000	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where beath occurred:	Street No. 420 Boyd Cove 0)
420 Bed are	(If rural, rive LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Phellips Wag	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male beliete the	20. DATE TO LOC 16 19.47, 21
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
19	Congot a Mark
	falure
9. Birthplace	bre to Cordio reserved
1D. Usual occupation. Clerk	clistose
1. 6 7. 7	Due to
	•
12. Name Wager  13. 8irthplace Organia	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name / tarrett Coons 15. Birthplace Unquia	Major findings of operations.
15. Birthplace Unquia	Date of on
16 Interment has Jucy Wagen Burrough	Antonsy results.
0 0 = + 1/1 = 15 0 + 19=	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 902-4 Street of Wash few, C	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide
Plandalla alle	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ti Jaschs Roma	Means of injury he died Etaguner
Address Kyallsville Maii	
13/17/ 1/2 // //	23. SIGNATURE M. A or other
19	Address Tuestrill 24 Date signed 2-17-47



E 36.7 4 5

/	CERTIFIC	ATE OF DEATH	Reg. Dist. No. 242
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOM	
ounty Princo per	00	(For newborn infants give reside	ence of mother)
or town glen Crole	<b>~</b>	State	County
(If ourside city of town indic	s, write RURAL and give nearest town)	City or town alon an	elan \
long in above place of death?		If outside city or tow	n limit, write RURAL and give nearest town)
spital, Institution, or street address with deal	A /4	Street No	Hucaly aven
			d, give LOCATION)
ow tong in hospital or institution?	***************************************	2.(a) If veteran, name war	
3. (a) FULL NAME	therine Wash	hunten	3. (b) Social Security Number
4. Sex 5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICA	L CERTIFICATION
In als Calment	Willamed	20 DATE DE DEATH Les	
The state of	· · · · · · · · · · · · · · · · · · ·	20. DATE OF DEATH.	e 21 1947, at 2
8.(6) Name of husband or wife Welle	an wash for		date above stated: that I attended deceased from
7. Birth date of	6.(c) If alive, give agey	ars	11
deceased (mo., day, yr.)		Immediate cause of death	DUR
8. AGE: Years Months	Days tf less than one day	Bar T. C.	- a cation
89	hrs	nin.	0
50000		Co. O A	- 0 -
S. Birthplace(Town cou	nty, and atate)	Due to	
1D. Usual occupation		- lend	
		Due to	
11. Industry or business			
12. Name		··· Other conditions	
≦ 13. Birthplace	•	(Include pregnancy wi	Able 9 months of death)
14. Majden name Levelus			
14. Maiden name		Major findings of operations	
=1 15. Birthplace	0	—	Date of op.
16. Informant	thele	Autopsy results	
Address Clara Con	Rea hand	PHYSICIAN: Please underline the cause	e to which death should be charged statistically
1 0	12-14 10	22. VIOLENCE: If death was due to exte	rnal causes, fill in the following;
(Burial, cremation, or removal, Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
11/4	more	Where did injury occur?(City or	
Cemetery or crematory.	711		
Location Woodmore	11204	Injured at home, farm, industry, public pl	lace (where?)
House &	Washingtons	Means of Injury	Injured at work?
18. Funeral director	100	" leputy m	ederal Channe
Address 467 N St. NA	u wash, w.c.	22 CIGNATURE	1 Band
21 21	(ASS. + Can 11.10	23. SIGNATURE	M. D. or other
19 able 21 19 47		···· Lhalas V.s. VV	Date signed 2-21.

MARGIN RESERVED FOR BINDING

NS

34,111

DEC 23 1947

RESERVED FOR BINDING

MARGIN

PLEASE WRITE

correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11534

#### CERTIFICATE OF DEATH

13/

					Reg. Dist. No	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DI	FATH: Peorges C	ounty		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	of mother)	
County		State Maryland County Pro Georges Co City or town Boulevard Heights Md.  (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)				
	or Institution?		•••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name war		
3.(a) FULL NAME  James Tobias Webster			3. (b) Social Security N	lumber		
4. Sex Male	s. Color or race white	8.(a)Single	e, married, widowed, or divorced	MEDICAL ( 2D. DATE DF DEATH. Dec 31,	CERTIFICATION 1947	at4:30P
6.(b) Name of husband or wife Lola Pearl Webster  6.(c) If alive, give age 52  7. Birth date of deceased (mo., day, yr.) Jan 17, 1895		21. I CERTIFY that death occurred on the date a	above stated; that I attended decear	19.4.		
8. AGE: Year 52		Days	tf less than one dayhrsmin.	Immediate cause of death		DURATION
10. Usuat occupation.  11. Industry or busine	es own sel	eounty, and a ainter	tate)	Due to	Toler	lores
13. Birthplace	Washing . Kachael	ton D. Tolbe	rt	Other conditions (Include pregnancy within a Major fiedings of operations.		
15. Birthplace Washington D. C.  16. Informant Lola Pearl Webster  Address Boulevard Heights Maryland.		Aotopsy resofts	which death should he charged st			
	n, or removal, Which	nahas		22. VIOLENCE: If death was due to external c Accident, suicide, or homicide  Where did injury occur?	Date ot	(State)
Cocation Oxen Hill Maryland  18. Funeral director F'. Gasch 's Sons			yland Sons	Injured at home, farm, industry, public place (	(where?) Injured at work?	
Address Hyattsville Maryland.  19. // 2 19.48 Umenda June.  (Date rec'd by registrar)  Registrar			anda Dounes	23. SIGNATURE Prostra	A M. B. or	Ja - 3-48

JAN 8 1948

STREET 6.

(Date rec'd by registrar)

	and a	1
1	+	3
1	1	व
		ect
	1	1/

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11535

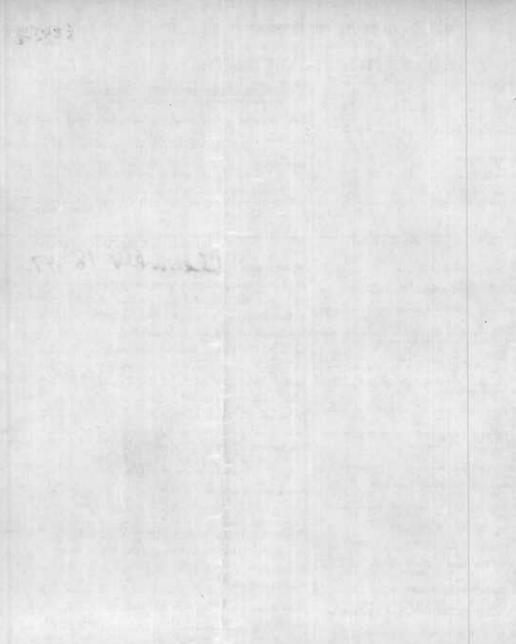
#### CERTIFICATE OF DEATH

Reg. Diat. No. 239

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Pre- flow flow	State Maryland pounty Pr Raige
(If outside city or town limits, write RURAL and give nearest town)	
Now long in above place of dealh?	Cily or lown
Nospital, institution, or street address where death occurred:	Street No. 40 9 Prime Geage
Warrens Happilal	(If rural, give TOCATION)
How long in hospital or institution 2 day	. 2.(a) tf veteran, name war
3. (a) FULL NAME Clinton E. Welling	3. (b) Social Security Number
4. Sex 5. Color or race 5. (a) Single, married, without or divorced Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH DELIN DEV 18 19.47 21.11:15Pm
5.(b) Name of husband or wife Ellen Smith Welling	21. I CEBTIFY that death occurred on the date above stated: that lattended deceased from Alchards 16 19.47
7. Birth date of M Sc. Co. 11 alive, give age	and that I last saw h. An alive on Delement 18 4
deceased (mo., day, yr.) May 28, 1867	Immediate cause of death
8. AGE: Years Months Bays If less than one day	due to chronic arlessonephroeclesonie 20
80 6 20 hrs. min	1 1 Th. 10 - 110 day 200 lefts 1 10-161-00
1B. Usual occupation Returns (Town, gounty, and state)	Due to Slivety
ff. Industry or business	
12. Name Jacquaras C. Willing	Dther conditions Chrome Mysearshills 18-13 year
13. Birthplace Hamand Co	Minclude pregnancy within 3 months of death)
14. Maiden name Mary Elizabeth Brans	Major findings of aperations.
¥ 15. Birthplace	Date of op.
18. Informant Lauran Chilling	Autopsy results
Address Lawel M.L.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Hyvial gremation or removal Wiffich?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did lalury occur?
Cometery or crematory to the control of the control	(City or town) (County) (State)
16. Funeral direct De With Dandosan	Means of injury tnjured at work?
Address Laurel Maryland	VANTALIONS MAN.
O. V. In the B	23. SIGNATURE A. M. D. or other

Registrar

Address...





WRITE

PLEASE

A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11536

### CERTIFICATE OF DEATH

Reg. Dist. No. 231

County (If outside city or to rilmits, write RURAL and give nearest town)  How long in above place of death? 4 9 4	(For newborn infants give residence of mother)  State County County County Clip or town Clip or town limits, write RURAL and give nearest town)  Street No. 6 3 (If rural, give LOCATION)  2.(a) II veteran, name war.
3. (a) FULL NAME James J. White	3. (b) Social Security Number
4. Sex (5. Color or face B.(a) Single, married, wildowed, or divorced Wildowed	MEDICAL CERTIFICATION  20. DATE OF DEATH Levenle 15 1947 31 547
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from  19
deceased (mo., day, yr.)	Immediate cause of death  Cost operative shot luration
9. Birihplace Personal (Toky, county, and state)  1D. Usual occupation Model (1997)	Due to Chronic when [2] of 49 all]
11. Industry or business Unemployee & 12. Name Ullian White	Diher conditions Space Questions (Include pregnancy within 3 months of death)
14. Malden name 15. Birthplace Personal	Major findings of operations
16. Informant Address	Antopsy results
17. Burnal, cremation, or removal. Which?)  Date thereol	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or cremated to James Cometery	Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?)
18. Funeral desherry Chase Funeral Itome Address 5/03-Wis and Washington	Meens of Injury Injured at work?
19. Wec 17 19.47 Jams Berry Registrar	23. SIGNATURE M. IN or where  Address Declaration by signal 2-16-4

DEC 20 1947

BURES

because the state of the state of

1 1 1 1

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11537

CERTIFICA	ATE OF DEATH Reg. Diat. No. 243.	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
ALMANUS WILLIAM	M 5 3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Male   Colored   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH	
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
9. Birthpiace Chester, South Carolina (Town, county, and atate)  1D. Usual occupation Truck Driver  11. Industry or business	Due to	
Sylvester Williams  12 Name Sylvester Williams  Chester, South Carolina  Dona Robinson	Diher conditions	
14. Maiden name Chester, South Carolina 15. Birthplace	Major findings of operations.	
16. Informant. Deceased.	Date of op	
17. Removed Date thereof Don 5, 1947 (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location to Washington, D. C-  18. Funeral director Henry S. Washington of So	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Address 467 N St-Nelle Wash. D.C.  19. Dec 5, 18 47 Rowland S. Philips	23. SIGNATURE Daniel Leo Pinecare M. D. or other	

MARGIN RESERVED FOR BINDING

15 9-45-15M



1 1 2 1

# VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore

11538

#### CERTIFICATE OF DEATH

Reg. Dist. No. 24-2

1. PLACE OF DEATH: county Prince George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL NEAR and give town)	state Maryland county Prince George
Street address, hospital, or institution:	City or town
5360 Oxen Hill Rd.	Street No. 5360 Oxen Hill Rd.
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)
Stay in this community (yrs., or mos., or days) Lifetime	2(a) IF VETERAN, NAME WAR
3.(a) FULL NAME  Vernon Eugene Will	iams 3. (b) Social Security Number
4. Sex Negro S. Color or race Negro Divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH December 16 1947, at 7.30 FM
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from  19 47, 10 Peelmby 16 19 47,
7. Birth date of	and that I last saw h son alive on December 15. 19 42.
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Chule Cardiae DURATION
7	Pilalasion wit Oldeman & days
3 /  hrsmin.	
9. Birthplace Oxen Hill Naryland (Town, county, and state)	Duo to Cardio - Vasenar -
10. Usual occupation Leborar	Renal Disease 9 months
11. Industry or business	Due to
E 12. Name George Williams  13. Birthplace Oxen Hill Maryland	Dther conditions
	(Include pregnancy within 3 months of death)
Harriet Frazier  14. Malden name Harriet Frazier  Maryland	Major findings: PHYSICIAN  Cf operations Please underline
	the cause to which
16. Informant Blanche Smith	charged statisti-
Address 5360 Oxen Hill Rd.	Df autopsy
Burial Date thereof Dec. 20,1947	22. VIOLENCE: If death was due to external causes, fi!l in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Oxon Hill, Maryland	Where dld injury occur?(City or town) (County) (State)
Location Dx oppHill, Mary and,	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lotine J. Lhunes Ho	Means of Injury Injured at work?
OOT DIA 1	4 8 0 8 44 1
Address: 901 Third Street S.W.	23. SIGNATURE Light J. Deall. M.D.
(Dale rec'd by registrar) 19. #7 - Collinar + Registrar	Address 25 04 hrcholo and D.E. Date signed 12:16:45

STEERS TO STADE THE

1

DEC 24 1947

MUREAU VE

A15 NS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

11533

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
arthur Uyne wo	3. (b) Social Security Number
1. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced white married	MEDICAL CERTIFICATION  20. DATE DE DEATH Lecuher 23 19 47 at 1046 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years Months Days If less than one daymin.	Duration  Duration  Duration  Duration
1D. Usual occupation	Due to.
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthpl	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.
16. informant) mes armer m. Gurin Address 4399 when I June to Por	Autopsy results
(Burial, Comation, or removal, Which?)  Cemetery or crematory  Cheshirt  Committee  Comm	Where did Injury occur (City or town)  Injured at home, farm, Industry, public place (where the following)
18. Funeral director. Lascha lows Address Hyattsrille Mix.	Means of Halldown celler sturinged at work? ho
19. (Date rec'd by registrar)	Address Torestall Med Date signed 12-24-4

DEC 29 1947